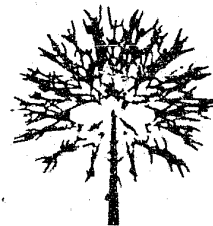


Maine Human Services Council

REPORT AND RECOMMENDATIONS ON CHILD ABUSE AND NEGLECT

June 1976



45594

MAINE HUMAN SERVICES COUNCIL

REPORT & RECOMMENDATIONS

on

CHILD ABUSE & NEGLECT

CHILD ABUSE THRIVES IN THE SHADOWS
OF PRIVACY AND SECRECY. IT LIVES
BY INATTENTION.

DAVID BAKAN

-Slaughter of the Innocents-

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Child Abuse and Neglect is a problem that effects defenseless children in all social and economic situations. The United States Childrens Bureau estimates that from 50,000 to 75,000 incidents of Child Abuse occur in this country each year. Dr. Vincent De-Francis, of the Childrens Division of the American Humane Association, estimates that 10,000 children are severely battered every year, at least 50,000 to 75,000 are sexually abused, 100,000 are emotionally neglected and another 100,000 are physically, morally and educationally neglected.

Here in Maine, the Department of Human Services has the legal responsibility to provide protective services to abused and neglected children, and this report and the recommendations call for sweeping changes from the office of the Commissioner to the Protective Services Worker.

Implementation of the recommendations will take the combined efforts, support, and cooperation of the Governor, the Legislature, public and private agencies, professional and non-professional groups and individuals and concerned people.

In the time it takes to read the next few pages a child will be scarred for life by physical, emotional or sexual abuse or by neglect. Will the life of another small defenseless child slip away before we give priority to this problem?

CHAIRPERSON
Joyce S. Harmon

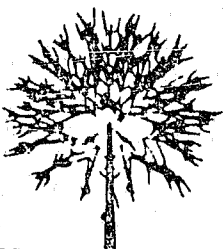
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On behalf of the members of the Maine Human Services Council I want to take this opportunity to thank the members of the Task Force, and the many people across the state who participated with them in the development of the sub-reports. I also want to thank David Smith, Commissioner, Department of Human Services, Raymond Swift, Deputy Commissioner, Lynn Fulton, Director, Bureau of Resource Development and her staff, and Sandra Hodge, New England Resource Development for their support and cooperation. Special thanks go to Jean Chalmers, Chairperson of the Task Force and member of the Human Services Council for her leadership, determination and deep concern, and to Dean Crocker who did the staff work and most of the writing of this report.

Joyce S. Harmon, Chairperson
Maine Human Services Council



MAINE HUMAN SERVICES COUNCIL

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INTRODUCTION TO TASK FORCE REPORT ON CHILD ABUSE & NEGLECT

BY: JEAN CHALMERS
Member Human Services Council
Chairperson Task Force on
Child Abuse & Neglect

Last May 1975, The Maine Human Services Council in response to a request from the Department of Human Services created a Task Force to assist the Department in the development of a state wide plan relating to the prevention and treatment of child abuse and neglect. The Task Force, made up of members from through out the state in private agencies and the Department, has spent a year in active investigation and analysis of both the problem and the services provided by the Department to meet the problem.

This report seeks to identify current deficiencies and recommend specific steps to effectively meet what we believe is one of Maine's highest priorities - that of protecting our children. The Task Force was, and this report is, divided into four areas of concern:

1. Policy and Procedures
2. Uniform Reporting
3. Training
4. Contractual Services

The fifth area: Public Education and Information we believe should be deferred until later. The Department needs support and direction so that it may 'put its house in order'. To educate the public to the problem, and inform them of the services available for the protection of children before the Department can effectively meet these would be to arouse the expectations of the public and to swamp an already over burdened staff.

Before 'going public' it is strongly felt that the Department, 1) needs to revise its policy and procedure, for example APS-52, 2) needs to make its reporting and data evaluation uniform throughout the state, 3) needs to insure well trained and sufficient staff to respond, and 4) needs to assume a leadership role in coordinating community wide services available and necessary to meet problem of Maine's abused and neglected children.

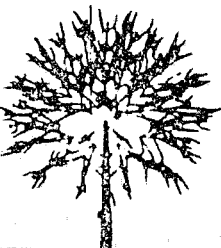
1. Central to the Department assuming its leadership role is a concise, current and useful uniform policy statement that clearly defines the Departments priorities for protecting children and the methods for achieving these goals. This report contains 12 pages and 29 specific recommendations in the area of Policy and Procedure.

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2. We found that not only is the problem of child abuse hidden behind the doors of homes, but also within the Department's methods of reporting and documentation. Not only is there no clear way to identify and catalogue all unreported cases, but because of the confusion as to reporting forms and procedure among the regions, there is no clear data as how many cases come to the Department, nor how these are handled. Uniform reporting for data management and evaluation is essential. This report contains 14 specific recommendations to that end.

3. Specialized training for protective services workers in child abuse and neglect is an absolute necessity to ensure effective service to the families and children of Maine. Not only should there be a sufficient quantity of staff available, but the quality of the training they receive must indicate the support and commitment of the Department. To meet effectively the daily trauma of child abuse cases requires continual support and training. A specific training guide for new workers, current line workers, supervisory personnel, mandated reporters and supportive social service personnel is attached as Appendix G along with 10 specific recommendations.

4. Just as there is no one cause of child abuse or neglect so there can be no one answer or agency to supply protection or treatment. A team effort within each community coordinated and led by the Department is recognized as the most productive approach. Involved with the Department are such services as Homemaker Day Care, Mental Health and Counseling, Emergency Foster Care, Transportation, Alcoholism Counseling, Family Planning, Housing and Visiting Nursing services. These services contracted for by the Department need to be utilized for the protection of Maine's abused and neglected children. The first steps, in the coordination and unification of a common approach to complex problems, are contained in that phase of this reports recommendations.

We would like to acknowledge and thank for his support this year, the Commissioner of Human Services, David Smith, his concern and guidance has been of great assistance. The New England Resource Center in Boston, through Sandra Hodge, has supplied valuable technical assistance, research data and has allowed us to exchange ideas with our sister states in New England. The survey (appendix F) was compiled with the help of the Bowdoin College computer. We, as a Statewide Task Force, have been able to function as an active committee, and produce this report due to the conscientious work of Dean Crocker assigned to us from the Department of Human Services.

These recommendations of the Task Force are respectfully offered to the Maine Human Services Council in response to their charge last year and in the hope that we have not only identified some of the problems but indicated avenues of solution - not to the problem of child abuse and neglect - but to the Departments ability to effectively deal with prevention and treatment of Maine's abused and neglected children.

INTRODUCTION CHILD ABUSE & NEGLECT
BY SANDRA HODGE, CONSULTANT
NEW ENGLAND RESOURCE CENTER

"No one stands so tall as one who stoops to help a child."

Introduction:

Child Abuse & Neglect are a hurt to all communities and all citizens pay the price of a child's suffering. Too often an entire community reacts with disbelief, denial and avoidance when confronted with an abused or severely neglected child. This response, though understandable because of the complexity of abuse and neglect, frequently has tragic results for a child and its family.

Amy is a beautiful 3 month old baby brought to the emergency room by her weeping mother who explained that Amy fell from the couch onto her head. Upon examination by a physician, Amy was found to have a sub-dural hematoma [bruise under the skin] without a skull fracture. The mother & child were sent home with brief instructions. Four weeks later the mother and child returned to the hospital with the mother complaining that Amy would not stop crying. Upon examination Amy's left arm appeared swollen & discolored. An x-ray revealed a fracture of the upper arm. Since the mother gave no history of trauma, the doctor was suspicious and ordered a full body skeletal series. At the age of 4 months Amy was found to have 5 additional fractures in various stages of healing. A diagnosis of battered child syndrome was made. A check with a neighboring hospital showed that Amy had been seen in that emergency room at the age of 4 weeks for irritability and failure to gain weight.

A case like Amy's raises many issues, both specific and general. In order to understand what was going on in this particular case, perhaps we need to begin by exploring just what is child abuse & neglect. In response to mounting evidence, mainly supplied by the American Humane Association's Children's Division, that child abuse and neglect were a serious national problem affecting hundreds of thousands individual children, Congress passed the Child Abuse Prevention & Treatment Act, Public Law 93-247. The law defines abuse and neglect as "the physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child's welfare under circumstances which indicate that the child's health or welfare is harmed or threatened thereby". The occurrence of physical abuse is usually fairly easy to determine as they can be observable or measurable injuries. Neglect is however more difficult to determine. Dr. Abraham Levine defines it as "the failure to provide the essentials to normal life such as, food, clothing, shelter, care, supervision and protection from assault." One would then determine of what duration, pervasiveness and consistency this failure to provide has been.

What kind of parents did Amy have that would treat her with such violence and what are abusive parents like. Studies and experience has shown general characteristics that many abusive parents possess.

1. They themselves were abused as children and are repeating destructive patterns of childrearing with violence as a part of the pattern.
2. They are cut off from the supports of family, friends, neighbors and the community.
3. They appear to trust no one.
4. They have unrealistic expectations of their children beyond their years and capabilities.
5. They believe in the harsh punishment of children.
6. They appear to lack understanding of a child's physical, emotional and psychological needs.
7. They appear to misuse alcohol or drugs.
8. They seldom touch the child except to provide basic care.

Dr. Henry Kempe, the physician who first described and named "the battered child syndrome," has stated that three elements are usually present when abuse occurs. They are a perceived crisis, a child that is seen as somehow different (i.e. bad) and a potential for violence by the abuser with the potential coming from such past life experiences as being the victim of violence. One of the most frequent precipitators of abuse is a crying baby. With Amy's parents, they were isolated, mild drug abusers, victims of violence as children and felt the child should be able to stop crying when told to.

Neglecting parents have slightly different characteristics.

1. The home is marked by gross, pervasive disorganization.
2. The physical environment is disorganized; cluttered, dirty.
3. Childrearing especially discipline is inconsistent with the expectations of the child unclear.
4. The parents were neglected as children.
5. Parents are immature, child like and dependent on others.
6. There is often a startling role reversal with a small child assuming the parenting role.
7. Low intelligence.
8. Depression, withdrawal, apathy.
9. Low self-esteem.

All families experience stress of various kinds but neglecting families seem to have more and be able to cope with it less so that they cease being able to function as an orderly unit. Obviously such things as low income, poor housing, lack of education, and lack of health care only aggravate the situation. Some professionals in the field of child abuse and neglect call this community neglect as they feel it is a community or society's responsibility to insure an adequate standard of living for all families.

What do the types of behaviors and characteristics of parents mean to the children who are a product of these parents? Abused children often:

1. Bear the physical signs of abuse and are the victims of repeated injury.

2. Older children often deny that the abuse has occurred out of fear of retaliation and out of a sense of protecting their parents. Often they feel they have caused the family difficulties.
3. Behavior problems surface especially during adolescence.
4. Children learn to behave in such a way as to provoke abuse as this is the only attention they expect to receive.
5. Basic physical necessities are provided the child but more is expected from him than he can give in light of his age and capabilities. They feel rejected.
6. Responses to adults are inappropriate; either they are frightened and withdrawn or overly responsive and attentive.

For the neglected child the following characteristics and behaviors may be evident.

1. There are overt signs of neglect such as being dirty and/or poorly clothed.
2. They show signs of malnourishment, paleness, lethargy.
3. Irregular school attendance.
4. Correctable conditions such as poor eyesight and immunizations go without attention.
5. Lack of or inadequate adult supervision.

The sexual exploitation of children is perhaps the most difficult form of abuse for a community to deal with, as it is a topic not openly discussed with any comfort and it is difficult to identify and prove. What literature that does exist does tell us that the most common form of sexual abuse involves underage females and either their father, step-father or mother's boyfriend. This type of abuse generally occurs in a family where the marital relationship in general and specifically sexually, is poor. The mother is almost always aware that the abuse is occurring or at least suspects it. Often the daughter will go to the mother with what is happening but the mother is unable or unwilling to protect the child. Knowledge of sexual exploitation rarely is gained outside of the family until a family crisis occurs to upset current family relationships. Even after the abuse is known by the community to have occurred, the abuse will frequently remain in the home. Experience has shown that mothers of abused children are so completely dependent, financially, psychologically and emotionally on their men, that they are unable to protect their offspring.

We have looked at an extremely destructive pattern of childrearing and seen its affects on the lives of children. It seems appropriate to try and grasp the extent of the problem. Douglas Besharou, Director of the National Center on Child Abuse, of the Office of Child Development, reports that public agencies receive over 300,000 reports a year and that over 2,000 children die each year as a result of maltreatment. Almost all people knowledgeable in the field agree that these known cases are but a small part of a much more massive problem.

The Maine Task Force on Child Abuse & Neglect is one of many concerns of citizens groups throughout the country that have found the services to abuse and neglected children and their families to be inadequate. Further it has been determined that the mandate agency for child protective services, cannot alone deal with the complex and pervasive problems of families with child abuse & neglect problems. The inadequacy has been found to be due in part to lack of resources and services and underfunding of existing resources. However, the conclusion has also been reached that the manpower, expertise, record keeping and administration of existing agencies has been wasted by

duplication, overlapping, and lack of coordination of services. One service agency is often unaware of another agencies involvement with a family, after months of contact.

The approach the Maine Task Force and many similar groups have taken is to recommend development of a community approach to child abuse and neglect that views the family as the primary agent that alters behavior. This approach is therefore, geared to mobilizing all community resources to strengthen the family and thus hopefully end the abusive or negligent children's practices.

Each community would establish some type of coordinating group or committee to see that the three major objectives of what is called protective services are met. The first objective is the identification, diagnosis and assessment of families having child abuse and neglect problems. A treatment plan, based on a thorough assessment, must be developed for each family. This leads to the second objective to be achieved treatment. The children identified must be protected and their parents given appropriate therapeutic and support services. Many types of services may be needed by individual families. The third objective to be achieved is the responsibility of the community committee itself and is public awareness and education. The public must be informed about child maltreatment to broaden the base of potential reporters and ensure that public is aware of help available to families in need. Also, professionals working with children must be able to identify the symptoms of abuse and neglect and learn how to deal with it.

Identification, diagnosis and assessment are primarily the responsibility of the Department of Human Services as mandated by law. If the treatment plan for a family calls for more services and resources than the department has, it then involves what other community resources or agencies needed to treat the problem. This multi-disciplined treatment process must be coordinated well to ensure quality of services. The third objective of public awareness and education is a community wide responsibility with the Department taking leadership to assure that it is achieved.

We have begun to identify and understand the phenomena of child abuse and neglect and have begun to grasp how pervasive it is in our society. The Task Force in its recommendations attempts to create a system of coordinated community services and resources aimed at alleviating and preventing child abuse and neglect. To return to the beginning - What would this kind of system mean to a child like Amy? We can't be sure that what happened would not occur again, but we would hope to significantly reduce the probability of it happening.

MAINE HUMAN SERVICES COUNCIL
RECOMMENDATIONS
ON
CHILD ABUSE & NEGLECT TASK FORCE

GENERAL RECOMMENDATIONS

1. We recommend to the Commissioner that the Department assume responsibility for assuring ADEQUATE resources to meet the increasing need for child protective services.

- a. As the mandated agency the Department should mobilize resources to include: 1) Trained protective services workers as needed day and night; 2) Treatment and rehabilitative facilities and programs for parents and children; 3) Interdisciplinary exchanges and cooperation at all levels so that the most effective services may be developed to protect endangered children.

2. We recommend to the Commissioner that the Department insist that its policies are carried out UNIFORMLY statewide to assure a consistent response to the public from one region to another.

- a. The definition of program objectives must be consistent statewide and the implementation of objectives must be non-negotiable with regional offices.

3. We recommend to the Commissioner that there be a statewide TWENTY-FOUR HOUR, seven day a week, capacity by the Department to respond to abuse and neglect situations.

4. We recommend to the Commissioner that the Department needs to review and revise APS-52 (APS-39 & APS-60 and all related policy) to reflect changes in the mandatory reporting law, the system of service delivery and any new requirements not covered in present policy. (See Appendix A - suggested revisions)

5. We recommend to the Commissioner that the Department make TRAINING for all protective staff a high Departmental priority, and the responsibility be in the Staff Education and Training Unit in the central office.

6. We recommend to the Commissioner that the Department policy include required minimum UNIFORM REPORTING to assure reliable and useable data for accountability, and preparation of budget and statutory requests of the legislature.

SPECIFIC RECOMMENDATIONS

7. We recommend that the Department assign one additional staff person at a Manager II level, along with secretarial help, to the Social Service Unit to carry out the function of a planning and advocacy role in central office, for protective services for children and to provide the necessary information to the Commissioner to enable him to make sound decisions in the area of planning and advocacy.

Recommendations continued:

- a. We recommend that the Department develop a yearly plan for Child Protective Services for the Governor and the Legislature to accompany its annual budget.

8. We recommend that the Department implement a four stage planning process that would include the following: 1) Case planning at the worker level, including members of a multidisciplinary team; 2) Regional management teams made up of related agency administrative staff whose responsibility would be advisory on the joint working relationships of the agencies involved in Child Protective Services and the allocation of resources at the local level; 3) The central office level of interdepartmental level of planning (see recommendations No. 7 & 9); 4) The interdepartmental level of state planning. Planning for each department's role and utilization of resources based on a State policy of Children's Services.

9. We recommend that the Commissioner direct the Social Services Unit of the Department to assume responsibility for; 1) Assessing the service needs of abused and neglected children and their families; 2) Planning for those services; 3) Furnishing the necessary documentation and information to the Commissioner to enable him to advocate for those services with the Legislature and the Governor.

- a. The Commissioner could also use that data to plan with his counterpart in other state departments in the area of Children's Services.
- b. The Commissioner should clearly assign tasks to the Bureau of Resource Development Social Service Unit, delegate the authority necessary to carry them out, and demand a report on the action taken.

10. We recommend that the Department adopt the Human Services Development Institute (HSDI, Portland) "Policy Management System Designed for the Maine State Bureau of Social Welfare, July 1974", with whatever modifications necessary to fit the Department's special needs, as a basis for its Policy Management System.

- a. We further recommend that placement of that responsibility be at an administrative level where action could be directed to all units of the Department's organization.

11. We recommend that the product of a Policy Management System be a collection of manuals, indexed and cross referenced that would spell out the agencies responsibilities and how it will carry out these responsibilities.

- a. In the area of Protective Services for children it should be a rational clear policy for all Protective Services for Children.
- b. The policy should say to the public and the Department staff at all levels, how it will carry out these responsibilities and it should be in a manual form for all related professionals, protective staff, judges, police and all mandated reporters.

12. We recommend that policy revision should aim at consistency and logical progression that is easy to find and understand, and that is consistent with the current position of the Department in regard to multi-disciplinary teams as a primary service delivery method.

- a. Policy should be developed for all "in-house" services of the Department relating to their responsibilities for service to a specific target population. For example, protective services policy would include the responsibility of Public Health Nurses, Vocational Rehabilitation counselors, maternal and child health, and all other relevant Department of Human Services agencies.
- b. The policy should not be static. It should be responsive to the needs of the workers and their clients. The H.S.D.I. "Policy Management System" provides a mechanism for policy revision to reflect differing needs.

IN REGARD TO REPORTING

13. We recommend that the Department revise the current case recording policy to reflect program evaluation needs, case management needs, and research and court needs.

- a. The assessment of the current data system should include; 1) How well data elements provide the information they were intended to provide; 2) The capability of MICS-SSD (Management Information and Control System - Social Service Delivery) costs data; 3) Identification of minimum data needs for state and federal mandated reports.

14. We recommend that the Department have one unit or person with clear responsibility for an integrated MIC-SSD and PSS (Purchase of Service System), and with clear authority to carry out required uniform reporting.

- a. Such a unit should review MICS-SSD and PSS to determine revisions and additions needed.
- b. Such a unit should develop a mechanism for monitoring compliance with reporting requirements.
- c. Such a unit should be staffed by data management experts and qualified social researchers with particular emphasis on training and experience in evaluation of Human Services.
- d. Such a unit should report to the Commissioner on a firm time schedule for review and implementation of a uniform data evaluation system.

15. We recommend that the Department establish an integrated department wide information system that contains both MICS-SSD and PSS.

- a. Such a system should include ways to provide additional reports specified by program people outside of the computerized system.

- b. Such a system should include at least the following systems: Information and referral, MICS, SSD, medical system, AFDC, food stamps, vocational rehabilitation and the fiscal system.

IN REGARD TO TRAINING

16. We recommend that the Department's Staff Education and Training Unit use as a basis for training, the outline prepared by Dr. Alex Zaphiris.

- a. At the end of the first year new employees should be exposed to the knowledge and skill outlined.
- b. All existing staff should be exposed to this material in the next year.
- c. A minimum of 12 days of training per year should be required on an ongoing basis for all protective staff with a training calendar developed and published each year.
- d. Training for supervisory employees should be included in the program.
- e. Training should also include reporting requirements of the Department.

17. We recommend that the Department as the mandated agency recognize its pivotal role and take leadership in organizing multi-disciplinary informational symposiums.

- a. Community symposiums/workshops should be conducted throughout the state.

18. We recommend that the Department upgrade its Protective Service Workers by the following:

- a. Adopting job description and related qualifications that will assure qualified personnel to provide protective services.
- b. Adopting as a standard policy that caseloads should not exceed 20 to 25 families per worker (depending on difficulty of cases, geographic assessability, etc.)
- c. Adopting as a standard policy protection from the phenomenon of "burn out" of protective services caseworkers, rotating to other areas of service every two years or the assignment of a variety of cases.

REGARDING CONTRACTUAL SERVICES

19. We recommend that there should be clear assignment of responsibility and accountability within the Department for a person to carry out program planning for substitute care and protective services for children. This is believed necessary:

- a. To ascertain exact support service needs and locations;
- b. To work with other central office and regional office personnel in mobilization of resources and implementation of revised policies;
- c. To monitor services and needs on an ongoing basis to insure that service needs are accurately identified and met to the degree possible with existing resources;
- d. To clearly document additional needs and identify how they are to be met.

20. We recommend that the Department contract for protective support services with Community Agencies which have a demonstrated capacity to positively impact children and families effected by child abuse and neglect.

- a. In the next round of negotiations on Title XX contracts, and PSSP, steps be taken to earmark a minimum of 10% of service units for protective services cases or families.
 1. The relative distribution of the statewide 10% among regions and specific services to be worked out between Central Office and Regional Protective Managers on a relative needs formula, and this to be reflected in specific contracts.
 2. Regional Protective Service Managers, or Assistant Regional Directors should be involved with providers in contract negotiations to specify their service needs and how providers in contract negotiations to specify their service needs and how providers and protective staff will work together in protective case situations.
- b. There appears to be certain support services which are consistently cited throughout all regions as being in great need in child abuse and neglect cases, these are:

Homemaker Services
Mental Health & Counseling Services
Emergency Foster Care & Group Shelter
Alcoholism Services
Family Planning Services
Visiting Nurse Services

Day Care
Transportation
Camping
Housing
Employment

21. We recommend that the Department's Central Office review other financial and service resources within the Department, such as - Title XX, Maternal & Child Health Services, Vocational Rehabilitation Services and others that may have a support role in assisting families and children effected by abuse and neglect to determine:

- a. How such services can be supportive to the Department's protective service function;
- b. The percentage of such services that should be earmarked, as a minimum for support of protective service cases.

22. We recommend to the Department that clear policies be developed to spell out the coordinating role of the Department with all agencies involved in specific case situations, as is contained in the OCD grant application of \$33,000 for a Comprehensive Emergency Services pilot project in one region of the state, considering the "Nashville Model."

23. We recommend to the Department that those responsible for administering Maternal and Child Health programs give strong consideration to the potential impact of these services in alleviating child abuse and neglect, and reflect this in the States Plan for the expenditure of those Federal grant funds.

IN REGARD TO LEGISLATION

24. We recommend that the Department introduce legislation to allow it to provide care to adolescents already out of their home, in emergency situations, without parental consent.

- a. Such legislation should specify that the Department should attempt to obtain consent, and that care should be time limited.
- b. This in no way should be taken to mean that we recommend the Department remove children without a court order.

25. We recommend that the Department ask for additional appropriations from the legislature:

- a. To hire additional staff
- b. To adequately train protective service workers and supervisors
- c. To reduce and maintain a caseload of not more than 20 to 25 families per worker
- d. To provide services to children not in its custody
- e. To provide that emergency financial help to families whose children are open verified protective cases (said financial aid should not be viewed as an income maintenance program)

OTHER RECOMMENDATIONS

26. We recommend that the Department support and encourage the Children and Youth Planning Project in its effort to define responsibilities of state agencies for preventive services, services to pre-adolescents and adolescents within the overall context of a system of children's services.

27. We recommend that the Department, through its Public Information Office, start an intensive publicity campaign to inform the general public of the extent of the existence of child abuse and neglect, the mandatory reporting law, and what they can do about it.

RECOMMENDATION TO THE MAINE HUMAN SERVICES COUNCIL

"The Child Abuse & Neglect Task Force recommends to the Council the establishment of a standing committee, or task force on Protective Services & Children.

That Task Force or Committee should be charged with helping the Department of Human Services to implement the Council's recommendation, providing a link between the Department, and interested groups in the community, and assisting the Department in publicizing the mandatory reporting law, and the problems of Child Abuse & Neglect."

**Child Abuse And Neglect Task Force
Recommendations On Policies And Procedures
For The Department Of Human Services**

CHILD ABUSE AND NEGLECT TASK FORCE
RECOMMENDATIONS ON POLICIES AND PROCEDURES
FOR THE DEPARTMENT OF HUMAN SERVICES

Introduction:

The specific recommendations to follow need to be understood in an over-all context; protective services are a specialized set of activities, that are an integral and central part of an over-all system of services to children and their families, aimed at assuring reasonable and appropriate developmental opportunities, which allow children to maximize their innate potential.

Though a "system" of children's services does not now exist, we feel that these recommendations are valid and that they, in part, help set up a necessary framework for the Department of Human Services to assume a leadership role in the development of children's services. The Task Force's original charge from the Department of Human Services was to develop recommendations for a state plan for a multi-disciplinary approach to child protective services; the protective worker being the central figure in that approach, responsible for treatment planning and coordination of services by the team members. These recommendations are aimed at providing a policy statement for both the Department of Human Services as a whole and each of its employees, charged with carrying out its mandate to protect children.

Our Recommendations fall under the following general headings:

PLANNING OF CHILDREN'S SERVICES
DEPARTMENTAL ADMINISTRATIVE ORGANIZATION
EVALUATION OF SERVICES EFFECTIVENESS
POLICY STATEMENTS
SPECIAL SERVICES
PREVENTIVE SERVICES
COMMUNITY RELATIONS

PLANNING OF CHILDREN'S SERVICES

Issue:

There is no one in the Department of Human Services administration whose responsibility is clearly, planning children's services and advocating for the resources necessary. No one within the Social Services Unit has responsibility for determining staffing needs for protective services in the regions. Protective services clients have no special priority for Priority Social Services or Title XX funded contractual services, nor are regional or central protective staff involved on a regular basis, in the development of contracts to meet the special needs of the protective client.

The result has been increasing caseloads, with declining service time available to each additional child and his or her family. Accompanying this decline has been an increasing criticism from the community in general which the Task Force believes, relates directly to insufficient staff to provide effective protective services. This comes at a time when nationally, there is a growing emphasis on uncovering more and more neglected and/or abused children in the states through various federal grant programs for public information, education and training.

The Task Force, through its work groups and through input from New England Resource Center for Protective Services staff and the Children and Youth Planning Project staff, has found that Department of Human Services regional staff have several concerns that relate to planning in a general sense. They are:

1. A concern that the community including other agencies, is not clear on the role of protective services.
2. A lack of coordination, especially within the Department of Human Services, of services related to children and families.
3. A lack of community understanding of problems of abuse and neglect.
4. The apparent lack of emphasis, and commitment within the Department of Human Services, to protective services for children.

The Task Force feels the above are legitimate concerns that might in part be dealt with through a planning effort of the type recommended.

There is also a lack of coordination and planning at the local level. Other private and public agencies in the local communities are not well informed about the problems of child abuse and neglect and the role of the protective services worker. Nor are they involved, generally, in local planning for services to abused and neglected children and their families, that might result in allocation of resources to abused and neglected children, besides those controlled directly by the Department of Human Services.

Conclusion:

There is a very real scarcity of resources to continue the rapid expansion of human services witnessed by the 60's and early 70's. The State of Maine has got to plan carefully and to set its priorities with great care to insure maximum impact for its social services dollars.

The Task Force feels that the Department of Human Services is in key position to assume a leadership role in planning and development of children's services. It already has the mandate of the Legislature in the enabling legislation for the Bureau of Resource Development, in human services planning and coordination the Task Force has found, through its meetings with community representatives, strong support for the Department of Human Services to assume a leadership role in children's services. Also, the Department of Human Services has under its direct control large blocks of funding for programs currently unrelated to each other. These programs could form the basis for a coordinated system of services to children and their families.

The Task Force would like to underscore our original charge to develop recommendations for a multi-disciplinary approach to protective services for children. We believe strongly, that the protective services worker, even with the support of contractual services provided by the Department of Human Services, cannot be effective by himself or herself. Remedying the problems of abuse and neglect is a total community responsibility, and as such, the community needs to be involved in local planning for services to abused and/or neglected children and their families.

The Task Force would like to point out that the Social Services Unit within the Bureau of Resource Development (an agency directly responsible to the Commissioner) could furnish the Commissioner with the data and recommendations, he needs to assume the above mentioned responsibilities.

Recommendations:

1. WE RECOMMEND THAT THE DEPARTMENT OF HUMAN SERVICES ASSUME RESPONSIBILITY FOR ASSURING ADEQUATE RESOURCES TO MEET THE INCREASING NEED FOR CHILD PROTECTIVE SERVICES THROUGH IMPLEMENTATION OF THE RECOMMENDATION AROUND PLANNING AND ADVOCACY. (See recommendation number 6)

2. THE TASK FORCE RECOMMENDS THAT AT LEAST ONE ADDITIONAL STAFF PERSON AT THE MANAGER II LEVEL, ALONG WITH SECRETARIAL HELP, BE ASSIGNED TO THE SOCIAL SERVICES UNIT TO CARRY OUT THE RECOMMENDATION FOR A PLANNING AND ADVOCACY ROLE IN CENTRAL OFFICE FOR PROTECTIVE SERVICES FOR CHILDREN, AND TO PROVIDE THE NECESSARY INFORMATION TO THE COMMISSIONER TO ENABLE HIM TO MAKE SOUND DECISIONS IN THE AREA OF PLANNING & ADVOCACY.

3. WE RECOMMEND THAT THE DEPARTMENT OF HUMAN SERVICES DEVELOP A YEARLY PLAN FOR THE GOVERNOR AND LEGISLATURE TO GO ALONG WITH ITS ANNUAL BUDGET REQUEST, ON THE DEPARTMENT OF HUMAN SERVICES PLANS FOR CHILD PROTECTIVE SERVICES.

4. WE RECOMMEND THAT THE DEPARTMENT OF HUMAN SERVICES IMPLEMENT A FOUR STAGE PLANNING PROCESS THAT WOULD INCLUDE THE FOLLOWING:

- A. CASE PLANNING AT THE WORKER LEVEL, INCLUDING MEMBERS OF THE MULTI-DISCIPLINARY TEAM.
- B. REGIONAL MANAGEMENT TEAMS MADE-UP OF RELATED AGENCY ADMINISTRATIVE STAFF WHOSE RESPONSIBILITY WOULD BE ADVISORY ON THE JOINT WORKING RELATIONSHIPS OF THE AGENCIES INVOLVED IN CHILD PROTECTIVE SERVICES AND THE ALLOCATION OF RESOURCES AT THE LOCAL LEVEL.
- C. THE CENTRAL OFFICE LEVEL (SEE PLANNING AND ADVOCACY RECOMMENDATION NO. 3) INTRA-DEPARTMENTAL PLANNING.
- D. THE INTER-DEPARTMENT STATE PLANNING LEVEL. PLANNING FOR EACH DEPARTMENT'S ROLE AND UTILIZATION OF RESOURCES BASED ON A STATE POLICY ON CHILDREN'S SERVICES.

5. AS A RECOMMENDATION TO THE MAINE HUMAN SERVICES COUNCIL, THE TASK FORCE RECOMMENDS THE ESTABLISHMENT OF A STANDING COMMITTEE OR TASK FORCE ON PROTECTIVE SERVICES TO CHILDREN. THAT TASK FORCE SHOULD BE CHARGED WITH HELPING THE DEPARTMENT OF HUMAN SERVICES TO IMPLEMENT THE COUNCIL'S RECOMMENDATIONS, PROVIDING A LINK WITH THE INTERESTED COMMUNITY AND ASSISTING THE DEPARTMENT OF HUMAN SERVICES IN PUBLICIZING THE MANDATORY REPORTING LAW AND THE PROBLEMS OF CHILD ABUSE AND NEGLECT.

DEPARTMENT ADMINISTRATIVE ORGANIZATION

Issue:

Through our meetings with various Department staff, the Task Force has found that a great lack of clarity exists within the Department of Human Services in the areas of policy and policy management. This results in varying priorities and availability of service from one region to another.

The Task Force has also found that protective staff, generally feel themselves to be over burdened and without support from regional and central office

administration. Supports lacking include additional staff to reduce individual worker's caseloads, consistent planned training and minimal standards for such, supportive services like day care, emergency foster homes, homemaker service etc., advocacy for children's services at a Department of Human Services central office level.

Though policy for protective services is currently assigned to the Social Services Unit of the Bureau of Resource Development, we found that the social services unit does not feel that the current assignment of responsibility permits it to be as effective as it might be in developing policy and monitoring compliance with policy. The Protective Services Consultant within that unit felt that policy development and program planning and development ought to be a major part of her responsibility, but did not have a mandate for anything other than writing policy and specific duties not relating to planning and program development. She also has no authority for demanding compliance with Department of Human Services policy; she can only recommend that a region do something. Authority for administration is in an entirely separate unit; the Deputy Commissioner for Regional Administration.

Conclusion:

The Commissioner needs to more clearly assign responsibility for policy management and program planning and advocacy. This is vital for several reasons.

Currently the Department operates many different programs that serve children and families. Most of those programs have their own goals and objectives, that relate to one another only generally and not around specifics like identifying potentially abused or neglected children to enable early intervention by the appropriate community or state agency. If programs like Maternal and Child Health, EPSDT, Public Health Nursing or Medical Care are linked at an operational level it is through the personal efforts of program people and not as a result of any plan. That means that if the Department of Human Services were to adopt a Task Force recommendation around identification of all abused and neglected children, and preventative services, and the Commissioner were to delegate that responsibility to the Bureau of Resource Development, the Bureau as presently organized would not have control over the Departmental resources necessary to carry out that directive. (See recommended revision of APS-52 section on goals and objectives) (Also see attached Department of Human Services Organizational Chart)

Implementation of policy decisions like that mentioned above, on a state-wide, consistent basis, requires directives to all related units that will be carried out and are not dependent upon personal relationships within central office or the regions. This does not mean that we recommend unilateral decisions based on input of child protective people only. The Policy Management System developed by Dr. Callender of HSDI, if implemented at the Department level provides one avenue for input from all the effected units. Others might be developed as the Commissioner or his designer see fit.

The Task Force recognized the Commissioner's responsibility for over-all decision making in regard to services provided by the Department of Human Services. We feel that current problems in the area of child abuse and neglect services, relate to a lack of clarity around who is supposed to do what to provide the Commissioner with the necessary information upon which to make decisions.

Recommendations:

6. THE COMMISSIONER SHOULD DIRECT THE SSU UNIT OF THE DEPARTMENT OF HUMAN SERVICES TO ASSUME RESPONSIBILITY FOR ASSESSING THE SERVICE NEEDS OF ABUSED AND NEGLECTED CHILDREN AND THEIR FAMILIES, PLANNING FOR THOSE SERVICES AND FURNISHING THE NECESSARY DOCUMENTATION AND INFORMATION TO THE COMMISSIONER TO ENABLE HIM TO ADVOCATE FOR THOSE SERVICES WITH THE LEGISLATURE AND WITH THE GOVERNOR. THE COMMISSIONER COULD ALSO USE THAT DATA TO PLAN WITH HIS COUNTERPART IN OTHER STATE DEPARTMENTS IN THE AREA OF CHILDREN'S SERVICES. THE COMMISSIONER SHOULD CLEARLY ASSIGN TASKS TO THE BUREAU OF RESOURCE DEVELOPMENT SOCIAL SERVICES UNIT, DELEGATE THE AUTHORITY NECESSARY TO CARRY THEM OUT AND DEMAND A REPORT ON THE ACTION TAKEN.

7. THE TASK FORCE RECOMMENDS THAT THE DEPARTMENT ADOPT THE HSDI " POLICY MANAGEMENT SYSTEM DESIGNED FOR THE MAINE STATE BUREAU OF SOCIAL WELFARE, JULY 1974", WITH WHATEVER MODIFICATIONS NECESSARY TO FIT THE DEPARTMENT'S SPECIAL NEEDS, AS THE BASIS FOR ITS POLICY MANAGEMENT SYSTEM. WE FURTHER RECOMMEND THAT PLACEMENT OF THAT RESPONSIBILITY BE AT AN ADMINISTRATIVE LEVEL WHERE ACTION COULD BE DIRECTED TO ALL UNITS OF THE DEPARTMENT'S ORGANIZATION.

EVALUATION OF SERVICES EFFECTIVENESS

Issues:

The Task Force through its meetings with Department of Human Services representatives and through input from New England Resource Center for Protective Services and Children & Youth Services Planning Project staff that collection of data within the Department of Human Services is inconsistent and does not provide a basis for central office staff or regional managers and their staff to evaluate or monitor their provision of service. Currently the Management Information and Control system does not even provide accurate data on the numbers of referrals, type of case or cost of the service; all items required by the Federal Title XX regulations for reporting (Social Services Reporting Requirements).

The reasons for the above, lie in a lack of clear responsibility for the MIC system and inconsistent use of the reporting system in the regions. At present, regional people look to the Deputy Commissioner for regional services and the Division of Data Processing for assistance in developing a meaningful reporting system that will give them the data they need. In central office there appears to be a lack of consensus and some confusion, over who is responsible for MICS. Meeting federal reporting requirements and evaluating services is the responsibility of Research, Evaluation and Planning in the Bureau of Resource Development. Maintenance and refinement of the MIC system appears to be the responsibility of Data Processing. The result is that if service elements and program objectives relate to federal reporting requirements and program evaluation it will be a coincidence or the result of personal effort by several people vs. a coherent system.

Even guidelines for how to use the reporting system are not clearly understood or agreed upon from one region to another. The result is that one region might open a case after working with the family for a month, another might open cases immediately and still another would open only valid cases of abuse and/or neglect. The data resulting from such a "system" is somewhat less than helpful (an understatement).

Conclusion:

The Task Force supports the contention that policy ought to tell a worker what his responsibility is for providing protective services and for what he will be held accountable (the criteria upon which evaluation will be based). Policy also ought to tell the community; clients, agencies, local officials and interested citizens what they can expect from the Department of Human Services in its efforts to protect children, and the Department of Human Services should base its evaluation of protective services on their success in meeting objectives stated to the worker and the public through policy statements.

Related to Evaluation of Services, the Department of Human Services needs to establish minimum data collection requirements for the regions. That would include the Management Information and Control System - Social Services Delivery reporting and case recording to be maintained at the regional level.

Recommendations:

8. IMPLEMENT THE UNIFORM REPORTING GROUP'S RECOMMENDATIONS AROUND THE ROLE OF RESEARCH, EVALUATION AND PLANNING OR THE "INFORMATION MANAGEMENT SYSTEM".

9. USE THE RECOMMENDED POLICY REVISION OF APS-52 AS THE BASIS FOR PROGRAM EVALUATION IN THE AREA OF PROTECTIVE SERVICES FOR CHILDREN.

10. REVISE THE CURRENT CASE RECORDING POLICY TO REFLECT PROGRAM EVALUATION NEEDS, CASE MANAGEMENT NEEDS, RESEARCH AND COURT ACTIVITY NEEDS.

11. THE DEPARTMENT SHOULD IDENTIFY MINIMAL DATA COLLECTION REQUIREMENTS FOR PROGRAM EVALUATION, FOR WHICH IT WILL HOLD REGIONS ACCOUNTABLE.

12. THE DEFINITION OF PROGRAM OBJECTIVES MUST BE CONSISTENT STATEWIDE AND THE IMPLEMENTATION OF OBJECTIVES MUST BE NON-NEGOTIABLE WITH REGIONAL OFFICES.

POLICY STATEMENTS

Issues:

Through our meetings with regional Department of Human Services representatives to the Task Force and through surveys conducted by the Children and Youth Planning Project staff and Sandy Hodge of the New England Resource Center for Protective Services, the Task Force has found that in general, line staff and some regional supervisory staff are dissatisfied with current policy and procedural guidelines for child protective services.

The current policy (APS-52) was written with the intent of allowing regions great flexibility in their method of service delivery and their choice of objectives, upon which they would decide how to allocate their resources.

The result is great variance from region to region in the availability of protective services. Some regions respond to emergencies after regular working hours; at least one region does not. Most regions have a service program for unwed mothers; at least one region sees that service area as the responsibility of local agencies providing similar service (perhaps correctly).

The definition of a protective case vs. a preventive case is not uniform. Some regions offer crisis intervention only where the decision is generally to "commit or close". In short either the jeopardy is severe enough to warrant court action or the case is closed; sometimes with a referral to other services, but not in a consistent, uniform way.

The rights of children and rights and responsibilities of parents are not specified clearly enough to allow for objectives statements about what the Department of Human Services and the community will do to ensure that those rights are protected. Protecting children's "health, welfare or morals" is not a sound basis for action unless they are defined in more concrete terms. Workers have also contended that the "Points of Jeopardy" contained in APS-52 are not adequate to define a situation as abusive and/or neglectful or exploitive. We agree with that contention, since policy and procedural guidelines don't tell a worker how to use them.

In general, we have found that regions are not clear about what they will be held accountable for doing, nor are they clear about what central office will do to support them in their delivery of protective services. In part this reflects the disorganization of policy and the fact that it is not structured in a coherent, logical progression from basic philosophy and definition to specific actions necessary for carrying out defined objectives. In part, it reflects the lack of clear statements, in writing, about who is responsible for what from the Commissioner, on down to the line worker.

Conclusion:

Policy needs to be rewritten in a consistent and logical framework. Though, we don't see a complete revision of all relevant policy as within our scope, we have done a recommended revision of the basic policy APS-52 and have attached same as a recommendation.

We feel that major areas in which policy does not deal adequately, are standards of practice, twenty-four hour emergency service, philosophy and definition of protective service, definitions of abuse and neglect, the role of the multi-disciplinary team in service delivery, and the role of central office Department of Human Services in providing support to the delivery of protective services in the regions.

Though policy obviously can't tell a worker what to say and do in every situation, it should tell him that he is expected to introduce himself as an employee of the Department of Human Services, that he is there to investigate a complaint and that the Department of Human Services is mandated by law to provide services to children who are abused and/or neglected or exploited, for example, how he does that, and how he communicates a desire to help the family are a function of training and supervision.

In regard to the "points of jeopardy" as a definition of abuse and neglect, we agree with workers that they are not adequate by themselves. Policy should specify that they are to be used in conjunction with another diagnostic aid like the Polansky "Childhood Level of Living Scale", and should be considered in terms of their pervasiveness, consistency and duration. Further uses of the criteria are in evidence for court activity or more positively, as the concrete things the parent(s) or caretaker(s) will work to correct.

The role of the central office must be clearly contained in policy as well as that of the regions. Priorities must be set at the Department level with latitude for regions in deciding how they will implement a priority; not whether they will implement a particular Department of Human Services priority objective. Their responsibility is for implementing objectives and for identifying specifically, the resources they need, in cases where they have demonstrated an inability to meet on objectives.

Recommendations:

13. THE TASK FORCE RECOMMENDS THAT THE PRODUCT OF A POLICY MANAGEMENT SYSTEM BE A COLLECTION OF MANUALS, INDEXED AND CROSS REFERENCED THAT WOULD SPELL OUT THE AGENCIES RESPONSIBILITIES AND HOW IT WILL CARRY OUT THOSE RESPONSIBILITIES.

IN THE AREA OF PROTECTIVE SERVICES FOR CHILDREN, THIS SHOULD BE A RATIONAL CLEAR POLICY FOR ALL PROTECTIVE SERVICES FOR CHILDREN.

THE POLICY SHOULD SAY TO THE PUBLIC AND THE DEPARTMENT OF HUMAN SERVICES STAFF AT ALL LEVELS HOW IT WILL CARRY OUT THOSE RESPONSIBILITIES, AND IT SHOULD BE IN MANUAL FORM FOR ALL RELATED PROFESSIONALS, PROTECTIVE STAFF, JUDGES, POLICE AND ALL MANDATED REPORTERS.

More specifically, we recommend:

14. THAT THE DEPARTMENT OF HUMAN SERVICES REVIEW AND REVISE APS-39, APS-60 AND ALL RELATED POLICY TO REFLECT CHANGES IN THE MANDATORY REPORTING LAW, THE SYSTEM OF SERVICE DELIVERY AND ANY NEW REQUIREMENTS NOT COVERED IN PRESENT POLICY.

15. POLICY REVISION SHOULD AIM AT CONSISTENCY AND A LOGICAL PROGRESSION THAT IS EASY TO FIND AND UNDERSTAND, AND THAT IS CONSISTENT WITH THE CURRENT POSITION OF THE DEPARTMENT OF HUMAN SERVICES IN REGARD TO MULTI-DISCIPLINARY TEAMS AS A PRIMARY SERVICE DELIVERY METHOD.

16. POLICY SHOULD BE DEVELOPED FOR ALL IN HOUSE SERVICES OF THE DEPARTMENT OF HUMAN SERVICES RELATING TO THEIR RESPONSIBILITIES FOR SERVICE TO A SPECIFIC TARGET POPULATION. FOR EXAMPLE, PROTECTIVE SERVICES POLICY WOULD INCLUDE THE RESPONSIBILITY OF PUBLIC HEALTH NURSES, VOCATIONAL REHABILITATION COUNSELORS, EPSDT, MATERNAL AND CHILD HEALTH AND ALL OTHER RELEVANT DEPARTMENT OF HUMAN SERVICES AGENCIES.

17. POLICY SHOULD NOT BE STATIC. IT MUST BE RESPONSIVE TO THE NEEDS OF WORKERS AND THEIR CLIENTS FOR WHOM IT WAS WRITTEN IN THE 1ST PLACE. THE CALLENDER "POLICY MANAGEMENT SYSTEM" PROVIDES A MECHANISM FOR POLICY REVISION TO REFLECT DIFFERING NEEDS, AND WE RE-ITERATE OUR RECOMMENDATION THAT IT BE IMPLEMENTED AT THE DEPARTMENT LEVEL.

18. SEE THE RECOMMENDED REVISION OF APS-52 ATTACHED. THE TASK FORCE WOULD LIKE TO CLEARLY STATE ITS INTENT THAT THIS REVISION BE ADOPTED AS A TEMPORARY STEP PENDING A COMPLETE REVISION OF POLICY AND THE DEVELOPMENT OF THE TYPE OF POLICY SYSTEM RECOMMENDED ABOVE.

SPECIAL SERVICES

Issues:

Currently, the availability of services like temporary shelter, emergency shelter, twenty-four emergency service, foster care and group care for non-committed children, is inconsistent from one region to another. Emergency assistance for food, clothing and shelter is available only sporadically through general assistance, and in one region of the Department of Human Services through use of the children's volunteer fund.

The Department of Human Services has the statutory authority to serve non-committed children but has not sought the money to do so. Current statutes are not clear on service to children without parental consent and related questions around liability for provision of said service. On a state level, responsibility for service to pre-adolescents and adolescents who cannot remain in their own home, is not clearly defined.

At present, some children are forced to break laws to bring them to the attention of the court so that a determination of their legal status can be made which in turn would make them eligible for service. Many children fall through the "eligibility" gap and as a result their behavior deteriorates to a lower level than necessary, were service available on the basis of need.

Conclusions:

Currently the development of emergency shelter services is left to local areas which has meant that some cities like Portland bear an uneven financial responsibility for services to children from all over the state. This has also meant that the service is not available in all parts of the state; resulting in children being placed at the County Jail in a few situations or an unlicensed facility on a hit or miss basis. In other cases children have been held at Boy's Training Center or Steven's School as a temporary measure.

The Task Force feels that the use of correctional facilities for non-offenders is totally inappropriate and reflects the state's lack of recognition of the needs of this special group of people; pre-adolescents and adolescents.

Part of the problem is a legal one, in that the legal responsibility for children not in its custody but in its care and for whom it pays for service is not defined, leaving the Department of Human Services in a precarious situation in regard to legal suits for malpractice or whatever. That is potentially a problem for the "good samaritans" who now provide emergency care without court order or parental consent.

While we agree that the sanctity of the family unit ought to be safeguarded, the right of a child to treatment ought to be affirmed in the area of protective services. Just as a child can receive VD or drug treatment without parental consent, he or she ought to be able to receive emergency shelter in unusual situations.

In other instances where a family fails to provide basic care because of a lack of financial ability and where other usual forms of assistance like general assistance or AFDC aren't available the Department of Human Services should provide emergency assistance to enable children to remain in their own homes.

It seems clear that responsibility for adolescents and some pre-adolescents is not clearly settled at the state level. There seems to be a growing consensus that the Department of Human Services should pick-up more responsibility for this group of children, who don't clearly fit current guidelines for protective services. At the same time additional money resources are not being shifted to support the expectation of additional responsibility in this area.

If the Department of Human Services is going to be expected to expand services to non-committed children; particularly to emotionally disturbed, mentally retarded or delinquent children, there has to be a reallocation of monies to provide the kind of respite care being asked. That reallocation should be reflected in the Title XX plan for mental health, mental retardation and correctional services.

In reviewing the experience of Nashville, Tennessee in its "Comprehensive Emergency Services System" we conclude that though the initial cost of emergency services may be high, the long term savings are likely to off set the initial expense. The availability of comprehensive emergency services there has resulted in a lower of their commitment rate and the length of time a child spends in substitute care. The Task Force feels that the above points directly to the need for expanding the voluntary care program (V-2), the protective day care program and establishing an emergency fund aimed at providing emergency service to help children in their own home.

Recommendations:

The Task Force recommends that the Department of Human Services:

19. ASK FOR ADDITIONAL FUNDING TO PROVIDE SERVICES TO CHILDREN NOT IN ITS CUSTODY.

20. INTRODUCE LEGISLATION TO ALLOW IT TO PROVIDE CARE TO ADOLESCENTS ALREADY OUT OF THEIR HOME, IN EMERGENCY SITUATIONS, WITHOUT PARENTAL CONSENT. SUCH LEGISLATION SHOULD SPECIFY THAT THE DEPARTMENT OF HUMAN SERVICES SHOULD ATTEMPT TO OBTAIN CONSENT, AND THAT CARE SHOULD BE TIME LIMITED. THIS RECOMMENDATION SHOULD IN NO WAY BE TAKEN TO MEAN THAT WE RECOMMEND THE DEPARTMENT OF HUMAN SERVICES REMOVE CHILDREN WITHOUT A COURT ORDER.

21. THE DEPARTMENT OF HUMAN SERVICES SHOULD ASK FOR ADDITIONAL APPROPRIATIONS FOR EACH REGION TO PROVIDE EMERGENCY FINANCIAL HELP TO FAMILIES WHOSE CHILDREN MIGHT COME INTO THE DEPARTMENT OF HUMAN SERVICES CARE, OTHERWISE. EMERGENCY FINANCIAL AID SHOULD BE AVAILABLE ONLY TO OPEN, VERIFIED PROTECTIVE CASES AND SHOULD NOT BE VIEWED AS AN INCOME MAINTENANCE PROGRAM.

22. THE DEPARTMENT OF HUMAN SERVICES SHOULD SUPPORT AND ENCOURAGE THE CYSPP EFFORTS TO DEFINE THE RESPONSIBILITIES OF OTHER STATE AGENCIES FOR PREVENTIVE SERVICES AND SERVICES TO PRE-ADOLESCENTS AND ADOLESCENTS WITHIN THE OVER-ALL CONTEXT OF A SYSTEM OF CHILDREN'S SERVICES."

PREVENTIVE SERVICES

Issues:

It was generally agreed that the Department of Human Services does not provide preventive services, resulting in the functioning of some families deteriorating to a level where actual jeopardy does exist.

The current situation where staff often decide to go to court or close the case reflects the pressure placed on staff by having too few people to

deal with the caseloads in regions. It also seems to reflect the philosophical view of some staff as well.

There is currently, no program objective in the reporting system (MICS-SSD) to cover preventive services, indicating to us that preventive services are not an expectation of the regions for service delivery.

Departmental protective staff by themselves cannot deal with the area of prevention. Decisions about the importance/priority of preventive services have to be made by the Department of Human Services and the state as a whole.

Conclusions:

Though we feel that preventive services are not directly the responsibility of the protective worker, we do feel that protective workers have a responsibility for connecting families in need of preventive services with the appropriate resource. Beyond that, we conclude that preventive services are a separate issue to be dealt with as an area of service requiring definite Department of Human Services policy guidelines.

The Task Force also concludes that preventive services are a responsibility of the total community. Schools, health care professionals, police, and other human services people all have a role to play in addressing situations in the community that results in neglect or abuse, or contributes to them. Services like pre-natal care, housing, family life education, mental health services, parent effectiveness training, health care, education and training, all relate directly to reducing stress on families and increasing their ability to provide care for children.

Recommendations:

We recommend that:

23. THE DEPARTMENT OF HUMAN SERVICES PROTECTIVE STAFF BE RESPONSIBLE AT A MINIMUM FOR REFERRING FAMILIES NOT IN IMMEDIATE JEOPARDY, TO THE APPROPRIATE RESOURCE.

24. THE DEPARTMENT OF HUMAN SERVICES DEVELOP POLICY FOR ALL ITS APPROPRIATE UNITS THAT SERVE CHILDREN AND FAMILIES SPECIFYING THEIR RESPONSIBILITY FOR PREVENTIVE SERVICES. EXAMPLES OF APPROPRIATE UNITS INCLUDE: PUBLIC HEALTH NURSING, EPSDT, MATERNAL AND CHILD HEALTH, VOCATIONAL REHABILITATION AND INCOME MAINTENANCE SERVICES.

COMMUNITY RELATIONS

Issues:

As a result of our meetings with community representatives and Department of Human Services staff and through surveys conducted by the Children and Youth Planning Project and the New England Resource Center for Protective Services, the Task Force has found a number of issues that need to be addressed.

Mandated reporters and other providers of service to children and families are not sufficiently clear on the role and responsibility of the protective worker. The result is confusion, inappropriate referrals, undue criticism of the Department of Human Services and poor working relationships.

Community understanding of abuse and neglect as problems is not adequate. Attitudes based on misunderstanding result in punitive measures toward parents that are not helpful to the children involved, in the long run. Such attitudes get in the way of addressing community problems that produce neglect or abuse in some instances.

Often inadequate understanding of the problem and the service results in a family not being referred at a point where intervention would be most fruitful. This directly affects staff morals as they often feel that the community views them as "dumping ground" for hopeless cases, and does not see them as effective professionals.

Conclusions:

General information and education for the public at large and training for mandated reporters should aim at replacing misconceptions with sound information on the actual purpose of protective services and child abuse and neglect as an illness that needs to be treated. It is our feeling that if the Department of Human Services adopts our other recommendations for a strong planning and advocacy role and begins to involve significant numbers of other helping people on its multi-disciplinary teams, these steps will also help to build a strong positive image for protective services workers and their clients.

We have found that a significant problem exists in the image the community often has of the protective worker. Partly it relates to misconceptions around the worker's responsibility which could be handled through more intensive efforts at educating the public. But also, we feel strongly that statewide uniform policies that are carried out in every instance are also important. How the worker carries out his responsibility, with skill and obvious professionalism or with unsurety and incompetence, determines to a large extent how the Department of Human Services is viewed in each community. For that reason, it is incumbent on the Department of Human Services to provide training, supervision, and clear policy guidelines to qualified staff, since its staff are the basic element in good community relations.

The Task Force is alarmed at the current personnel policies that all Department of Human Services employees to move into protective positions just through their having worked a certain amount of time, for the Department of Human Services. We feel strongly that job qualifications should call for at least two years of social work experience and specific training in protective services (see Training Group recommendations for minimal training requirements). The Department of Human Services should work with the Department of Personnel to include the above qualifications in job descriptions and hiring practices. The Department's educational leave policy should be reviewed also to determine its capability to provide the Department of Human Services with skilled professionals. The Task Force feels that exclusive emphasis on management does an injustice to the Department of Human Services's need to develop competent program specialist. We also feel that the educational leave policy ought to be expanded to allow for associate and BA degree programs as well as to assure

that people with experience, will also have the training necessary to allow them to move up in the Department of Human Services organization.

Recommendations:

We recommend that the Department of Human Services:

25. START AN INTENSIVE PUBLICITY CAMPAIGN THOURGH ITS PUBLIC INFORMATION OFFICE, TO INFORM THE GENERAL PUBLIC OF THE EXISTENCE OF CHILD ABUSE AND NEGLECT AND WHAT THEY CAN DO TO HELP.

26. SEE THAT ITS POLICIES ARE CARRIED OUT UNIFORMLY STATEWIDE TO ASSURE A CONSISTENT RESPONSE TO THE PUBLIC FROM ONE REGION TO ANOTHER.

27. ADOPT JOB DESCRIPTIONS AND RELATED QUALIFICATIONS THAT WILL ASSURE QUALIFIED PERSONNEL TO PROVIDE PROTECTIVE SERVICES.

28. ADOPT A STANDARD POLICY FOR STAFFING REGIONAL PROTECTIVE SERVICES. WE RECOMMEND THAT CWLA STANDARDS THAT INDICATE CASELOADS SHOULD NOT EXCEED 20 to 25 FAMILIES PER WORKER, DEPENDING ON DIFFICULTY OF CASES, GEOGRAPHIC ACCESSIBILITY, ETC.

29. ALLOW FOR THE PHENOMENON OF "BURN OUT" IN STAFFING ITS PROTECTIVE SERVICES UNITS. WORKERS SHOULD BE ROTATED TO OTHER AREAS OF SERVICE AT THE END OF TWO YEARS OR BE ASSIGNED A VARIETY OF CASES, INCLUDING NON-PROTECTIVE CASES.



**Child Abuse And Neglect Task Force
Recommendations On Contractual
And Other Support Services**

CHILD ABUSE AND NEGLECT TASK FORCE
RECOMMENDATIONS ON CONTRACTUAL
AND OTHER SUPPORT SERVICES

Introduction:

The Contractual Services Work Group, in approaching its task, has noted in its deliberations the close relationship between its recommendations and the findings and recommendations of the draft of the Policy and Procedures Work Group, in as much as contractual services have a direct relationship to the Department's policies and procedures.

For this reason, the Contractual Services Work Group cites the following from the Policies and Procedures Work Group paper as a conceptual basis for its recommendations:

1. Though a "system" of children's services does not exist, we feel that these recommendations are valid and that they, in part, help set up a necessary framework for the Department of Human Services to assume a leadership role in the development of children's services. The Task Force's original charge from the Department of Human Services was to develop recommendations for a state plan for a multi-disciplinary approach to child protective services; the protective worker being the central figure in that approach, responsible for treatment planning and coordination of services by the team members. These recommendations are aimed at providing a policy statement for both the Department of Human Services as a whole and each of its employees, charged with carrying out its mandate to protect children.

2. The role of the central office must be clearly contained in policy as well as that of the regions. Priorities must be set at the Department level with latitude for regions in deciding how they will implement a priority; not whether they will implement a particular Department of Human Services priority objective. Their responsibility is for implementing objectives and for identifying specifically, the resources they need, in cases where they have demonstrated an inability to meet on objectives.

3. There is no one in the Department of Human Services administration whose responsibility is clearly, planning children's services and advocating for the resources necessary. No one within the Social Services Unit has responsibility for determining staffing needs for protective services in the regions. The result has been increasing caseloads, with declining service time available to each additional child and his or her family. Accompanying this decline has been an increasing criticism from the community in general which the Task Force believes, relates directly to insufficient staff to provide effective protective services.

4. "Protective Services can be described as two separate activities; one of which is the sole responsibility of the Department of Human Services, the other a joint responsibility shared with other community agencies."

5. "Those activities carried out directly by the Department are initial investigation, intervention including court activities and treatment planning, coordination, and connecting. The Department is responsible for the organization and training of multi-disciplinary treatment teams, who would have the

major responsibility for ongoing treatment. Activities shared by the Department and other community agencies are outreach and case finding, preventative services to families and children not in immediate jeopardy situations and treatment services aimed at eliminating jeopardy to allow children to remain with their own parents or to return to their own parents. In this second area of protective services, services are defined as protective, by the situation in which they are delivered rather than the activity itself as in the service provided solely by the Department. Example of activities included in this area might be day care, transportation, mental health counseling, housing, community/public health nursing or medical services." (A recommendation from the suggested revision of APS-52, Appendix A)

6. "The Department of Human Services views protective services as a significant and integral part of an over-all statewide effort to assure each child a reasonable environment within which to grow and develop to his potential. As such, the Department's protective services are oriented to specific developmental blocks in the child's environment; i.e., abuse, neglect, exploitation or delinquency. The Department feels that a coordinated effort, including its protective service workers, services purchased from community agencies and other state agencies, and other community services, is necessary to meet its mandate for protecting children. In short, child protection is a responsibility of all agencies serving children, and does not limit itself to situations of immediate jeopardy, but also includes preventative services as well." (See suggested revision of APS-52, Appendix A)

7. "It is also the responsibility of the Department of Human Services central office to provide, in conjunction with regional management staff, the policy and procedural guidelines, staff training and numbers of staff as well as support services necessary, to assist the protective services worker in carrying out his responsibilities. It is the responsibility of the regional office to advocate for children on a case by case basis, to educate and inform other community agencies of the problems of child abuse and neglect and to involve them in planning and services delivery; the latter to be accomplished through regional boards made up of providers of service and interested citizens and through multi-disciplinary teams coordinated by the protective services worker." (See suggested revision of APS-52, Appendix A)

8. Standards of Practice: A) Central Office responsibility; Points # 6 and 7 (page 11):

- #6) The Department will maintain a Research, Evaluation and planning unit that provides regular reports on program operations consistent with the needs of program people, and that provides a sound data base for program advocacy (Quantitative and qualitative evaluation).
- #7) Related to number 6, the Department through its central office staff needs to maintain an effective advocacy position with regard to necessary resources for protective services clients. A major role is the responsibility for identifying problem areas and gaps in services and actively seeking the necessary resources to resolve them.

9. Standards of Practice: B) Regional responsibilities : Point # 2 (page 12) and point # 7 (page 13):

- #2) Consistent with the objective of keeping children in their own home, parents must be given the opportunity to change and to improve the care and conditions affecting their children and if parents are unable to care adequately for their children in their own home they have the right to make a suitable alternative plan with the same above exception. Caseworker and other supportive services should not stop at the time of commitment. The agencies case record must document the ongoing work to re-unite families or the reasons why such is not possible. (1 pg. 24 CWLA standards copy 1960 revised 1973). (Also see rights of children and parents suggested revision of APS-52)
- #7) "Appropriate staff from other agencies and disciplines should be involved on multi-disciplinary team. The over-all aim of these teams is to improve services to protective families, while enhancing the working relationship of Department protective staff to other related professionals in their communities."

The Contractual Work Group supports the Departments goal and objectives as set forth in the Policies and Procedures Work Group's paper, as well as the 12 criteria for judging the existence of jeopardy. It notes that these criteria are far ranging and call for the intervention of a variety of supportive services if there is to be any reasonable expectation of positive impact and improvement in functioning.

At the Task Force's organizational meeting in June of 1975, all members were handed an excerpt from CHILDREN TODAY, outlining the seven basic elements essential in an effective child protective system. Three of the seven elements are of direct concern to this Work Group:

- A specially trained child protective service available, as needed, at any hour of the day or night.
- Treatment and rehabilitation facilities and programs for parents and children.
- Interdisciplinary exchanges and cooperation at all levels so that the most effective services may be developed to protect endangered children.

It is clear from all information currently available that the elements cited above do not exist either in sufficient quantity, or in some cases not at all, and in other instances where they do exist, there is no mechanism currently available for coordinating the services in an effective fashion to families at risk.

Recommendations:

The Task Force makes the following recommendations:

1. AS A PRIMARY OBJECTIVE THE DEPARTMENT OF HUMAN SERVICES SHOULD MOBILIZE ALL NECESSARY STEPS TO ACHIEVE THE FOLLOWING THREE ELEMENTS, THESE ELEMENTS ARE VITAL TO A CHILD PROTECTIVE SYSTEM: A) A SPECIALLY TRAINED CHILD PROTECTIVE SERVICE AVAILABLE, AS NEEDED, AT ANY HOUR OF THE DAY OR NIGHT. B) TREATMENT AND REHABILITATION FACILITIES AND PROGRAMS FOR PARENTS AND CHILDREN.

C) INTERDISCIPLINARY EXCHANGES AND COOPERATION AT ALL LEVELS SO THAT THE MOST EFFECTIVE SERVICES MAY BE DEVELOPED TO PROTECT ENDANGERED CHILDREN. THE TASK FORCE RECOGNIZES THAT THE ACHIEVEMENT OF THESE ELEMENTS WILL REQUIRE A COMBINATION OF EXPANSION AND RE-ALIGNMENT OF SERVICES AND CAPACITIES WITHIN THE DEPARTMENT OF HUMAN SERVICES, AS WELL AS INVOLVEMENT OF APPROPRIATE COMMUNITY AGENCIES: IN PART THROUGH CONTRACTUAL SERVICES.

2. IT SUPPORTS THE POLICIES AND PROCEDURES RECOMMENDATIONS IN PRESSING FOR UNIFORMLY AVAILABLE 24 HOUR, SEVEN DAY/WEEK CAPACITY OF THE DEPARTMENT TO RESPOND TO ABUSE AND NEGLECT SITUATIONS.

3. THERE SHOULD BE A CLEAR ASSIGNMENT OF RESPONSIBILITY AND ACCOUNTABILITY WITHIN THE DEPARTMENT FOR A PERSON TO CARRY OUT PROGRAM PLANNING FOR SUBSTITUTE CARE AND PROTECTIVE SERVICES FOR CHILDREN. THIS IS BELIEVED NECESSARY TO: A) ASCERTAIN EXACT SUPPORT SERVICE NEEDS AND LOCATIONS: B) TO WORK WITH OTHER CENTRAL OFFICE AND REGIONAL OFFICE PERSONNEL IN MOBILIZATION OF RESOURCES AND IMPLEMENTATION OF REVISED POLICIES: C) MONITOR SERVICES AND NEEDS ON AN ONGOING BASIS TO INSURE THAT SERVICE NEEDS ARE ACCURATELY IDENTIFIED AND MET TO THE DEGREE POSSIBLE WITH EXISTING RESOURCES, AND TO CLEARLY DOCUMENT ADDITIONAL NEEDS AND HOW THEY ARE TO BE MET.

4. THE DEPARTMENT OF HUMAN SERVICES SHOULD CONTRACT WITH COMMUNITY AGENCIES FOR PROTECTIVE SUPPORT SERVICES THROUGHOUT THE STATE, WHICH HAVE A DEMONSTRATED CAPACITY TO POSITIVELY IMPART CHILDREN AND FAMILIES EFFECTED BY CHILD ABUSE AND NEGLECT. AS A FIRST STEP, THE WORK GROUP RECOMMENDS THAT IN THE NEXT ROUND OF NEGOTIATIONS ON TITLE XX CONTRACTS, AND PSSP CONTRACTS, THAT STEPS BE TAKEN TO EARMARK A MINIMUM OF 10% OF THE SERVICE UNITS FOR PROTECTIVE SERVICES CASES OR FAMILIES THROUGHOUT THE STATE, AND THAT THE RELATIVE DISTRIBUTION OF THE STATEWIDE 10% AMONG REGIONS AND SPECIFIC SERVICES BE WORKED OUT BETWEEN CENTRAL OFFICE AND REGIONAL PROTECTIVE MANAGERS ON A RELATIVE NEEDS FORMULA, AND THAT THIS BE REFLECTED IN SPECIFIC CONTRACTS. REGIONAL PROTECTIVE SERVICES MANAGERS OR ASSISTANT REGIONAL DIRECTORS SHOULD BE INVOLVED WITH PROVIDERS IN CONTRACT NEGOTIATIONS TO SPECIFY THEIR SERVICE NEEDS AND HOW PROVIDERS AND PROTECTIVE STAFF WILL WORK TOGETHER IN PROTECTIVE CASE SITUATIONS. THE WORK GROUP NOTES THREE SOURCES OF INFORMATION AVAILABLE ON CONTRACTUAL SERVICE NEEDS WHICH APPEAR IN THE APPENDIX TO THIS REPORT: A) SERVICES WHICH NEED TO BE EXPANDED BY REGIONS (SOURCE: MCFADDEN et.al., CHILD ABUSE AND NEGLECT STUDY, BOWDOIN COLLEGE, 2/26/76) B) OBSERVATIONS OF REGIONAL OFFICE MANAGERS AND STAFF ON UNMET SERVICES NEEDS RELATING TO PROTECTIVE SERVICES CASELOADS C) ADDITIONAL INFORMATION RELATED TO "B" ABOVE INCLUDING NUMBER OF SERVICE UNITS AND APPROXIMATE COST. FROM ALL OF THE FOREGOING, THERE APPEAR TO BE CERTAIN SUPPORT SERVICES WHICH ARE CONSISTENTLY CITED THROUGHOUT ALL REGIONS AS BEING IN GREAT NEED. THESE INCLUDE:

Homemaker Services - both day and after hours emergency services

Day Care- both group day care and family day care; the need for short term emergency placements is identified as well as regular, long term slots.

Mental Health and Counseling Services

Emergency Foster Care and Group Shelter

Transportation Services

On a secondary level, identified by more than one region as needed are the following:

Alcoholism Services
 Employment Services
 Family Planning Services
 Camping Services
 Housing Services (including emergency repairs)
 Visiting (public health) Nursing Services

5. CENTRAL OFFICE STAFF SHOULD REVIEW OTHER FINANCIAL AND SERVICE RESOURCES WITHIN THE DEPARTMENT. (E.G. MATERNAL AND CHILD HEALTH SERVICES INCLUDING ALL CONTRACTUAL SERVICES (FEDERAL BLOCK GRANT), TITLE XX, VOCATIONAL REHABILITATION, AND OTHERS THAT MAY HAVE A SUPPORT ROLE IN ASSISTING FAMILIES AND CHILDREN EFFECTED BY ABUSE AND NEGLECT) AND DETERMINE:

- A) HOW SUCH SERVICES CAN BE SUPPORTIVE TO THE DEPARTMENT'S PROTECTIVE SERVICE FUNCTION, AND
- B) THE PERCENTAGE OF SUCH SERVICES THAT SHOULD BE EARMARKED, AS A MINIMUM, FOR SUPPORT OF PROTECTIVE CASES.

THE PROCESS SHOULD THEN BE EXTENDED TO OTHER APPROPRIATE STATE DEPARTMENTS SUCH AS MENTAL HEALTH AND CORRECTIONS AND EDUCATION AND CULTURAL SERVICES TO THE DEGREE THAT THESE SERVICES IMPACT PROTECTIVE CASE SITUATIONS.

6. CLEAR POLICIES SHOULD BE DEVELOPED TO SPELL OUT THE COORDINATING ROLE OF THE DEPARTMENT WITH ALL AGENCIES INVOLVED IN SPECIFIC CASE SITUATIONS. THIS IS BELIEVED TO BE OF CRITICAL IMPORTANCE IF MAXIMUM SERVICE EFFECTIVENESS IS TO BE ATTAINED. IN THIS REGARD THE WORK GROUP MAKES TWO RECOMMENDATIONS:

- A) THE WORK GROUP SUPPORTS THE TASK FORCE VOTED (2/26/76) TO MAKE APPLICATION FOR A \$33,000 O.C.D. GRANT FOR COMPREHENSIVE EMERGENCY SERVICES FOR ONE REGION OF THE STATE ON A PILOT PROJECT BASIS.
- B) LACKING DOCUMENTATION OF OTHER MODELS, THE WORK GROUP URGES CONSIDERATION OF THE NASHVILLE MODEL OUTLINED IN DHEW PUBLICATION (OHD) 75-8: COMPREHENSIVE EMERGENCY SERVICES: A SYSTEM DESIGNED TO CARE FOR CHILDREN IN CRISIS.

The Nashville CES program, sponsored by the Tennessee Department of Public Welfare not only points out the importance of the coordination role, but the availability of certain care "components which are considered basic to any CES system," and which are also identified in the appendix to this paper as needed in Maine. These include:

Twenty-four hour Emergency Intake
 Emergency Caretakers
 Emergency Homemakers
 Emergency Foster Family Homes
 Emergency Shelter for Families
 Emergency Shelter for Adolescents
 Outreach and Follow-up

7. THE WORK GROUP DRAWS PARTICULAR ATTENTION TO THE PREVENTIVE ASPECTS IN APPROACHING THE COMPLEX PROBLEM OF CHILD ABUSE AND NEGLECT. AS SUCH, THE GROUP RECOMMENDS FOR THE LONG TERM THAT ATTENTION BE GIVEN TO THE ROLE THAT COORDINATED AND COMPREHENSIVE MATERNAL AND CHILD HEALTH SERVICES CAN PLAY IN ALLEVIATING POTENTIAL PROBLEMS THROUGH EARLY INTERVENTION. MATERNAL AND CHILD HEALTH SERVICES, IN THIS CONTEXT ENCOMPASS A VARIETY OF SERVICES (FAMILY PLANNING, PREPARATION FOR CHILD BEARING AND REARING - SOUND NUTRITION AND HYGIENE DURING PREGNANCY, EFFECTIVE PARENTING, CHILD NUTRITION AND HEALTH, ETC.,

AND A VARIETY OF OTHER HELPFUL SUPPORT SERVICES) TO ENHANCE THE WELL BEING OF THE CHILD, AND THE PARENT'S EFFECTIVENESS IN REARING THE CHILD. IT IS RECOMMENDED THAT THOSE RESPONSIBLE FOR ADMINISTERING THE DEPARTMENT'S MATERNAL AND CHILD HEALTH PROGRAM GIVE STRONG CONSIDERATION TO THE POTENTIAL IMPACT OF THESE SERVICES IN ALLEVIATING CHILD ABUSE AND NEGLECT, AND REFLECT THIS IN THE STATE'S PLAN FOR THE EXPENDITURE OF THESE FEDERAL FUNDS.

CHILD ABUSE & NEGLECT TASK FORCE
RECOMMENDATIONS FOR DATA MANAGEMENT AND EVALUATION

Introduction:

This paper is based on the fact that the Department of Human Services has an on-going need for information about its client groups and the services that it chooses, or is mandated to provide to them and for information about the effectiveness of the services that it provides; both, aimed at providing a basis for decisions about future actions of the Department on behalf of the people it serves. In this paper we will be addressing the areas of information collection and services evaluation, as it is our feeling that planning is a separate activity and that it will be addressed in recommendations for policy and procedures within the Department of Human Services.

We would like to place our findings and recommendations in the following context: There is a growing concern in local communities and at the state level, for the coordination of diverse human services programs serving similar target populations, as evidenced by the enabling legislation for the Bureau of Resource Development and the Maine Human Services Council. Coordinated planning was recognized by the Law Enforcement Assistance and Planning Agency as a priority item; evidenced by its grant to the State of Maine, Executive Department for a children and youth planning project. Our meetings, attended by community representatives and Department of Human Services staff, have indicated strong community support for the Department of Human Services to assume a leadership role in the planning and development of coordinated and integrated services to children.

It is our position that the Department of Human Services, as the single state agency for Title XX, IVB, income maintenance programs, vocational rehabilitation and various state financed health care services, is in a key position to assume a leadership role in the planning and development of children's services. The Commissioner, has, at his disposal, some very sophisticated data processing systems, that, though some of them have problems, might be used to provide him with the necessary planning tool to assume a central role in children's services coordination and development. We'd also like to state our position, that though we deal only with child protective services, our comments and recommendations apply equally well to information collection and evaluation in other service areas controlled by the Department of Human Services.

In the above context we'd like to make the following comments on our findings and offer concrete suggestions as to how the Department of Human Services should handle the information collection and evaluation component of its operation.

Issues:

Resolution of the following issues is felt to be of critical importance to effective decision making.

I. The Department of Human Services cannot readily assign costs to a significant portion of its social services program, in large part funded by Title XX of the Social Security Acts.

II. The Department of Human Services cannot meet federal reporting requirements for Title XX in the areas of in-house services.

III. Responsibility for the information system for social services appears to be fragmented.

IV. Reporting by in-house staff on child protective services is inconsistent, resulting in questionable validity of the data produced.

V. Inadequate policy and procedural guidelines and a lack of clearly understood central direction have meant varying service delivery programs from region to region.

VI. Priorities and objectives are determined largely by the regions making statewide evaluation impossible.

VII. There is no connection between the in-house reporting system (MICS) and the purchase of service system.

VIII. Data elements, particularly service codes and program objectives are not consistent between MICS and the purchase of service system (PSS).

IX. There is currently, very little ability to cross reference from one Department of Human Services reporting system to another.

X. The Department of Human Services needs for minimum data are not clear.

XI. Data produced by MICS social services delivery reporting is not readily available in a useable form for program area people.

XII. Data elements in MICS-SSD do not in every case produce the information for which they were intended.

XIII. The uses of the information system (MICS, SSD, PSS) are not clear, other than for federal reporting, in relation to the use of case records.

XIV. Case recording guidelines are not clearly understood in the regions.

XV. Research, Evaluation and Planning is not descriptive of what that unit in Bureau of Resource Development, actually does.

Conclusions:

The Task Force has found that research, evaluation and planning as a function in the Bureau of Resource Development and the Department of Human Services as a whole, is fragmented, without clear designation of responsibility and accountability assigned to any one unit or person. The result is a loosely connected group of information systems that relate to specific areas of the Department of Human Services operation and do not provide an overview of Department of Human Services activity. If the Department of Human Services implements other recommendations around Department wide policy management and objective setting (planning) the fragmented information systems become a key issue to be resolved.

Since most units of the Department's organization operate their own information systems, there is no one with responsibility for determining data needs for the Department as a whole and integrating the various systems to produce needed data, in a useable form. If an integrated information system existed within the Department of Human Services, it would provide the Commissioner and his program area people with a necessary tool to undertake planning for an integrated and coordinated service delivery system within the Department, utilizing all of its relevant resources to reach an objective.

We also found that planning as an activity is not carried out by the Research, Evaluation and Planning Unit in the Bureau of Resource Development. We believe that to be generally true of units with similar titles in other Department agencies. The Research, Evaluation and Planning Unit has responsibility for data collection and program evaluation. Planning is ultimately the responsibility of the Commissioner since only he can make decisions that commit Department of Human Services resources. In fact that responsibility is delegated to program area people who make planning recommendations to the Commissioner upon which, in most cases, he makes decisions.

Given the above, we conclude that planning ought to be dropped from REP's title since it doesn't plan ideally, it provides information to program area people and administrators upon which to base planning recommendations. The Information Management Unit would be a more apt title for the unit with its current responsibilities.

Specifically in regard to child protective services, the "Information Management Unit" needs to perform two functions:

1. Maintenance - this would include maintaining a reporting system to meet Federal, legislative, management and public information requirements. It would also assist program people in on-going monitoring of service delivery through providing regular quantitative data reports and analysis of trends presented by the data. A further responsibility would be providing guidelines for reporting and seeing that reporters adhere to guidelines to insure uniform, valid reporting, and identifying the training necessary for workers to use the system correctly.

2. Evaluation - this responsibility would include assessing whether or not the Department of Human Services service programs are meeting the objectives stated for each service or program area. The impact of the service on the client is of primary concern. Also included in evaluation is assessment of the degree to which the agency adheres to specified expectations (maintaining records of expenditures agreed upon in a contract). In this regard program evaluation should be closely related to monitoring done by program area specialist. While program evaluation is a distinct and separate activity from program administration, the evaluation unit should work jointly with program area specialist, and in the case of in-house services, regional program people, to identify criteria upon which to base the evaluation.

In general, it is our conclusion that the "Information Management System" should function as a basic support to program area people in providing service. This means that it has to be responsive on an on-going basis, to changing data needs, and besides meeting minimum data needs for required reports, it should identify the easiest possible way to meet additional data needs of program people and administrators. It is our position, that beyond minimal data needs for required reports, the "Information Management System" should work with program area people in central office and the regions to identify ways of collecting data that require minimum involvement of line staff. Examples of

data collection outside the reporting system, would be random sampling of case records, time limited special reporting, and random sampling of actual clients.

At a minimum, the maintenance function must give accurate data on who the Department of Human Services is serving, for what problem, with what service and the cost of the service. The Evaluation component would tell us at a minimum what effect the service has on moving the client toward a goal. All of these responsibilities are required by federal regulations for Title XX reporting. As stated previously the in-house reporting system (MICS, SSD) cannot provide cost data and at present, given the variation in service delivery and regional objectives, program evaluation is made exceedingly difficult.

Implementation of policy and procedure recommendations and a direct tie-in with the Department of Human Services budget system by the "Information Management System" is necessary before program costs will be readily available, and program evaluation can proceed. Given the current lack of clear policy and procedural guidelines uniformly understood by all regions, we do not see how program evaluation can occur.

1. THE TASK FORCE RECOMMENDS THAT THE DEPARTMENT OF HUMAN SERVICES COMMISSIONER ASSIGN CLEAR RESPONSIBILITY FOR MICS-SSD AND THE PURCHASE OF SERVICE SYSTEM TO ONE UNIT OR PERSON AND DELEGATE THE NECESSARY AUTHORITY TO THAT UNIT TO ENABLE IT TO CARRY OUT ITS RESPONSIBILITY.

The following tasks are necessary to enable the "Information Management System" to fulfill the responsibilities outlined in our conclusion.

2. THE DEPARTMENT OF HUMAN SERVICES IDENTIFY MINIMUM DATA NEEDS FOR MANDATED REPORTS (FEDERAL AND STATE REPORTING REQUIREMENTS)

3. THE DEPARTMENT OF HUMAN SERVICES ASSESS THE CAPABILITY OF ITS CURRENT DATA SYSTEMS TO MEET THOSE NEEDS. SPECIFICALLY:

A) ASSESS HOW WELL DATA ELEMENTS PROVIDE THE INFORMATION THEY WERE INTENDED TO PROVIDE.

B) ASSESS THE CAPABILITY OF MICS-SSD FOR PROVIDING COST DATA

4. REVIEW MICS-SSD IN LIGHT OF THE ABOVE TO DETERMINE THE NEED FOR REVISION OF THE SYSTEM, IF ANY.

5. DETERMINE ADDITIONAL DATA NEEDS OF PROGRAM AREA PEOPLE (CENTRAL OFFICE AND REGIONS) IF ANY.

6. DESIGN AN INTEGRATED SYSTEM THAT CONTAINS BOTH IN-HOUSE AND PURCHASE OF SERVICE REPORTING, AND THAT MEETS MINIMAL DATA NEEDS. SUCH A SYSTEM SHOULD ALSO INCLUDE WAYS TO PROVIDE ADDITIONAL REPORTS SPECIFIED BY PROGRAM PEOPLE PERHAPS OUTSIDE THE COMPUTERIZED SYSTEM.

Once the above tasks are accomplished, the Task Force recommends that:

7. MINIMUM REPORTING REQUIREMENTS BECOME PART OF DEPARTMENT OF HUMAN SERVICES POLICY GUIDELINES.

8. A MECHANISM FOR MONITORING COMPLIANCE WITH REPORTING REQUIREMENTS BE INSTITUTED.

9. TRAINING BE GIVEN TO ASSURE THAT WORKERS ARE FAMILIAR WITH THE REPORTING REQUIREMENTS AND THEIR REPORTING RESPONSIBILITIES FOR IMPLEMENTING THE SYSTEM.

The preceeding were short-term recommendations aimed at rectifying immediate problems in the present system. The following are long term recommendations aimed at providing the Department of Human Services Commissioner with a planning and management tool to enable him to utilize all Department of Human Services resources in achieving specific objectives.

The Task Force recommends that:

10. THE COMMISSIONER ESTABLISH A DEPARTMENT WIDE INFORMATION SYSTEM THAT INTEGRATES ALL OF THE SEPARATE SYSTEMS CURRENTLY IN OPERATION AT A LEVEL WITHIN THE ORGANIZATION WHERE IT CAN CALL FOR ACTION WITHIN ANY ORGANIZATIONAL UNIT. THAT SYSTEM SHOULD INCLUDE AT LEAST THE FOLLOWING SEPARATE SYSTEMS: INFORMATION & REFERRAL, SOCIAL SERVICES DELIVERY, MEDICAL SYSTEM (EC), AFDC, FOOD STAMPS, VOCATIONAL REHABILITATION AND THE FISCAL SYSTEM.

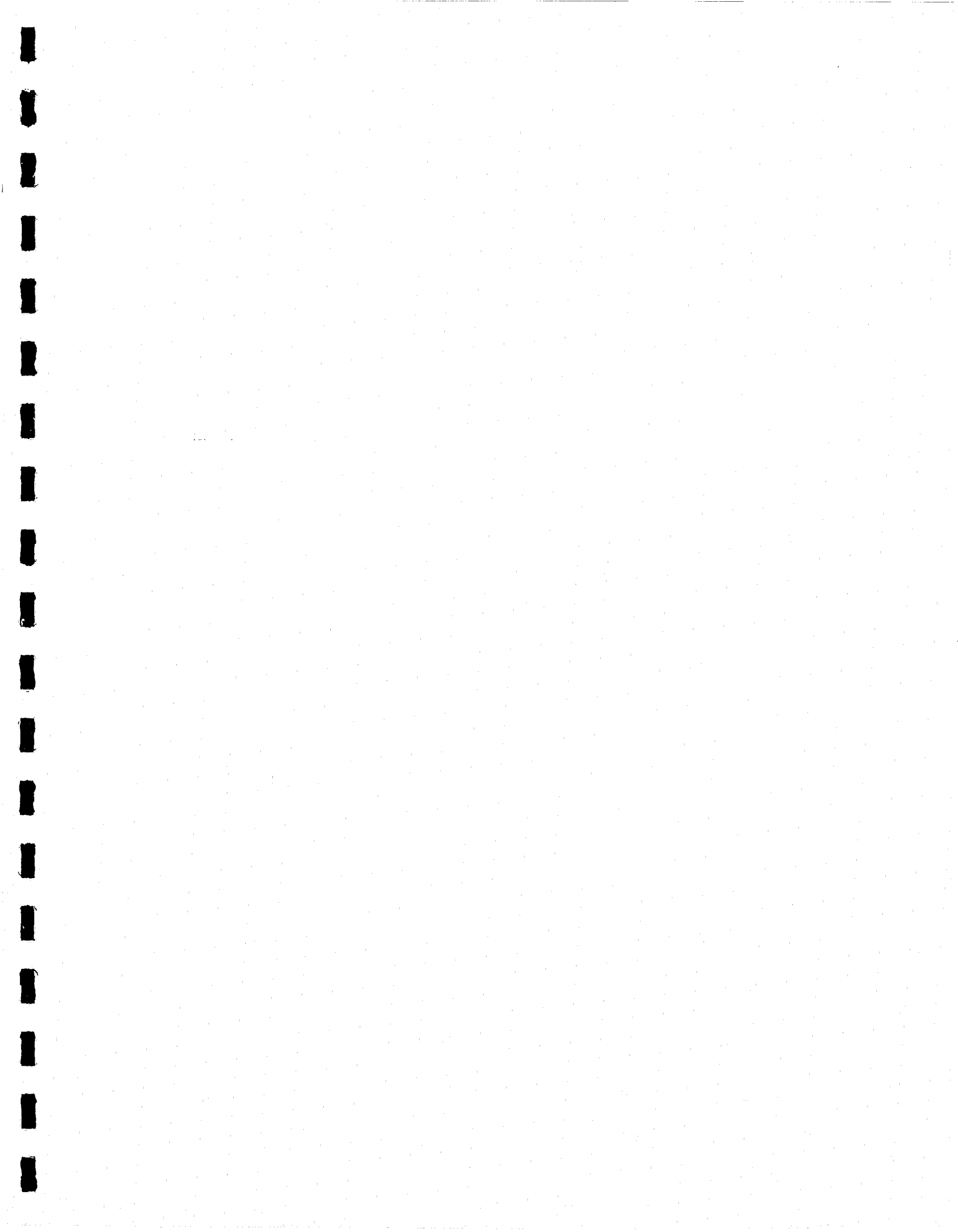
11. THE DEPARTMENT WIDE "INFORMATION MANAGEMENT SYSTEM" BE STAFFED BY DATA MANAGEMENT EXPERTS AND QUALIFIED SOCIAL RESEARCHERS WITH PARTICULAR EMPHASIS ON TRAINING AND EXPERIENCE IN EVALUATION OF HUMAN SERVICES.

In general the Task Force recommends:

12. MICS-SSD SHOULD ASSIGN COSTS BY PROGRAM OBJECTIVE AS WELL AS SERVICE AND THAT THE NEXT TITLE XX PLAN BE BASED ON PROGRAM OBJECTIVES (GROUPS OF PEOPLE TO BE SERVED FOR WHAT PEOPLE) LISTING THE SERVICES TO BE PROVIDED TO THEM.

13. THE COMMISSIONER SET DEADLINES FOR IMPLEMENTATION OF SHORT-TERM RECOMMENDATIONS AND HOLD THE DESIGNATED UNIT OR PERSON, ACCOUNTABLE FOR A PRODUCT.

14. INTEGRATE MICS AND PSS INTO ONE SYSTEM AND ASSIGN RESPONSIBILITY AND ACCOUNTABILITY FOR IT TO ONE UNIT OR PERSON.



**Child Abuse And Neglect Task Force
Recommendations For Training
Of Child Protective Services Staff
And Related Service Providers**

CHILD ABUSE AND NEGLECT TASK FORCE
RECOMMENDATIONS FOR TRAINING
OF CHILD PROTECTIVE SERVICES STAFF
AND RELATED SERVICE PROVIDERS

The Training Group defined its task as making recommendations concerning 1) the training of Department of Human Services staff 2) the training and educational needs of other persons providing service to children and youth (including but not limited to, mandated reporters), 3) the assignment of responsibility within the Department for training 4) training in the area of policy and 5) the need to make training a priority.

TRAINING AS A PRIORITY

Issue:

A highly trained and skilled protective staff is a necessity to ensure quality service to abused and neglected children and their families. The mandate given the Department to provide protective services, places a tremendous responsibility on protective staff.

Conclusion:

The Department therefore, has the responsibility to its staff and the community, to ensure that staff have the knowledge and skills necessary to fulfill this mandate.

Recommendation:

1. IT IS RECOMMENDED THAT TRAINING FOR ALL PROTECTIVE STAFF BE MADE A DEPARTMENTAL PRIORITY. THE SETTING OF THIS PRIORITY WILL NECESSITATE TIME OUT OF THE FIELD FOR STAFF AND THIS MUST BE CLEARLY RECOGNIZED AND ACCEPTED AS A NECESSITY TO INSURE A QUALIFIED STAFF.

DEPARTMENT OF HUMAN SERVICES

Issue:

It is recognized that overall responsibility for assuring delivery of training has been put in the Central Office Staff Education and Training Unit and that planning by that office is in conjunction with the Protective Services Consultant and appropriate regional staff. It is recognized that until recently the Department has not had the capability of centralized planning and delivery of training.

Recommendations:

2. IT IS RECOMMENDED THAT THE ATTACHED OUTLINE BY DR. ALEX ZAPHIRIS BE THE BASIS FOR PROTECTIVE STAFF TRAINING.

3. IT IS RECOMMENDED THAT AT THE END OF THE FIRST YEARS EMPLOYMENT, A NEW WORKER WILL BE EXPOSED TO THE KNOWLEDGE AND SKILLS OUTLINED.

4. IT IS RECOMMENDED THAT ALL EXISTING PROTECTIVE STAFF BE EXPOSED TO THIS MATERIAL ALSO.

5. IT IS RECOMMENDED THAT A MINIMUM OF 12 DAYS PER YEAR OF TRAINING ON AN ONGOING BASIS BE GIVEN TO ALL PROTECTIVE STAFF AND THAT A TRAINING CALENDAR BE DEVELOPED AND PUBLISHED.

6. IT IS RECOMMENDED THAT RESPONSIBILITY FOR ALL TRAINING COORDINATION AND DELIVERY REMAIN LODGED IN THE STAFF EDUCATION AND TRAINING UNIT. IT IS RECOMMENDED THAT THE CALENDAR BE SET UP ENOUGH IN ADVANCE TO ALLOW STAFF TO SCHEDULE THEIR TIME RESPONSIBLY. THE KNOWLEDGE AND SKILL AREAS ARE LISTED BELOW IN ORDER OF PRIORITY FOR THE COMING YEAR: 1) TREATMENT 2) DIAGNOSIS 3) LEGAL ISSUES 4) INTAKE & EVALUATION 5) THE PROTECTIVE WORKER AND THE JOB 6) CHARACTERISTICS OF ABUSIVE PARENTS.

Due to the severe emotional demands on workers, Protective Service Supervisors have unique as well as generic supervisory training needs.

7. IT IS RECOMMENDED THAT THE ATTACHED OUTLINE PERTAINING TO SUPERVISION BE THE BASIS FOR TRAINING.

MANDATED REPORTERS & SUPPORTIVE SOCIAL SERVICE PERSONNEL

The purpose of providing knowledge and skills to other social service personnel in conjunction with Department staff is to provide a common knowledge base enabling a multi-disciplined approach to treating and preventing child abuse and neglect.

8. IT IS RECOMMENDED THAT THE DEPARTMENT TAKE LEADERSHIP IN ORGANIZING MULTI-DISCIPLINED, INFORMATIONAL SYMPOSIUMS AND THAT THE BASE FOR THIS BE THE ATTACHED "GENERAL AUDIENCE" OUTLINE. MAXIMUM COMMUNITY INVOLVEMENT WOULD BE ENCOURAGED BY ORGANIZING THESE SYMPOSIUMS IN FAIRLY SMALL GEOGRAPHICAL AREAS. THESE SYMPOSIUMS SHOULD INCLUDE ALL PERSONS PROVIDING SERVICES TO CHILDREN AND YOUTH SUCH AS (BUT NOT LIMITED TO) PHYSICIANS, SOCIAL WORKERS, HOMEMAKERS, HOMEHEALTH AIDES, PUBLIC HEALTH NURSES, SCHOOL PERSONNEL, MENTAL HEALTH PERSONNEL, LAWYERS, LAW ENFORCEMENT PERSONNEL AND ESDPT PERSONNEL. MATERIALS DEVELOPED FROM THIS INITIAL SERIES OF SYMPOSIUMS SHOULD BE DEVELOPED FOR FUTURE USE AND FOLLOW-UP CAPABILITY TO OFFER FURTHER EDUCATION TO INTERESTED COMMUNITY PEOPLE.

The activity just outlined above ties in with the training funds (\$17,500) generated by the needs assessment done by Development Associates Consultants.

9. IT IS RECOMMENDED THAT IF POSSIBLE, THE INITIAL SERIES OF COMMUNITY SYMPOSIUMS BE DONE WITH THE AID OF A NATIONALLY RECOGNIZED EXPERT IN THE FIELD OF CHILD ABUSE & NEGLECT, TO INSURE MAXIMUM IMPACT.

POLICY TRAINING

It is recognized that many of the training concerns expressed by staff dealt with Departmental policy issues. We acknowledge the need for effective communication of policy.

10. IT IS RECOMMENDED THAT EACH TIME POLICY CHANGES ARE ANTICIPATED, SERIOUS CONSIDERATION BE GIVEN BY THOSE RESPONSIBLE FOR DISEMINATION OF THAT POLICY, OF THE METHOD BY WHICH IT WILL BE DISTRIBUTED.

This would include consultation with the Protective Service Consultant. If it is determined that specific training is required, it is felt this is a responsibility of the Staff Education and Training Unit.

Recommended that:

1. TRAINING FOR ALL PROTECTIVE STAFF BE A DEPARTMENTAL PRIORITY.
2. THE ATTACHED OUTLINE BY DR. ALEX ZAPHIRIS BE THE BASIS FOR STAFF TRAINING.
3. AT THE END OF THE FIRST YEARS EMPLOYMENT, A NEW EMPLOYEE, WILL BE EXPOSED TO THE KNOWLEDGE AND SKILLS OUTLINED.
4. ALL EXISTING STAFF BE EXPOSED TO THIS MATERIAL ALSO IN THE COMING YEAR.
5. A MINIMUM OF 12 DAYS PER YEAR OF TRAINING ON AN ONGOING BASIS BE GIVEN TO ALL PROTECTIVE STAFF AND THAT A TRAINING CALENDAR BE DEVELOPED AND PUBLISHED EACH YEAR.
6. RESPONSIBILITY FOR ALL TRAINING COORDINATION AND DELIVERY REMAIN IN THE CENTRAL OFFICE STAFF EDUCATION AND TRAINING UNIT.
7. THE ATTACHED OUTLINE PERTAINING TO SUPERVISION BE THE BASIS FOR TRAINING.
8. THE DEPARTMENT SHOULD TAKE LEADERSHIP IN ORGANIZING MULTI-DISCIPLINARY, INFORMATIONAL SYMPOSIUMS AND THAT THE BASIS FOR THESE BE THE ATTACHED "GENERAL AUDIENCE" OUTLINE.
9. IF POSSIBLE, THE INITIAL SERIES OF COMMUNITY SYMPOSIUMS BE DONE WITH THE AID OF A NATIONALLY RECOGNIZED EXPERT IN THE FIELD OF CHILD ABUSE AND NEGLECT TO INSURE MAXIMUM IMPACT.
10. EACH TIME A POLICY CHANGE IS ANTICIPATED, SERIOUS CONSIDERATION BE GIVEN BY THOSE RESPONSIBLE FOR DISEMINATION OF THAT POLICY, OF THE METHOD BY WHICH IT WILL BE DISTRIBUTED.

Child Abuse And Neglect Task Force
APPENDIX A

APPENDIX A

SUGGESTED REVISION OF APS-52

Definition:

Child Protective Services are those services the "Community" provides to safeguard the health, welfare or morals of any child in the State of Maine between the ages of 0 to 18 years of age, referred to the Department of Human Services as potentially or actually abused, neglected, exploited, or delinquent.

Protective Services can be described as two separate activities; one of which is the sole responsibility of the Department of Human Services, the other, a joint responsibility shared with other community agencies. The Department of Human Services protective service program has the sanction of law and community standards for child care as interpreted by the referring agent or the Department, acting in its case finding out reach role. Its major responsibility is to discharge community responsibility for safeguarding the rights and protecting the welfare of children whose parents are unable to do so, and to see that neglected and abused children are protected against further experiences and conditions detrimental to their welfare.

Service is delivered on behalf of child and is designed to help parents recognize and remedy conditions harmful to the child or initiate court action if necessary to secure substitute care for the child.

Those activities carried out directly by the Department are initial investigation, intervention including court activities and treatment planning, coordination, and connecting. The Department is responsible for the organization and training of multi-disciplinary treatment teams, who would have the major responsibility for ongoing treatment.

Activities shared by the Department and other community agencies are outreach and case finding, preventative services to families and children not in immediate jeopardy situations and treatment services aimed at eliminating jeopardy to allow children to remain with their own parents or to return to their own parents. In this second area of protective services, services are defined as protective, by the situation in which they are delivered rather than the activity itself as in the service provided solely by the Department. Example of activities included in this area might be day care, transportation, mental health counseling, housing, public health nursing and medical services.

Any, and all of the above services are available dependent on community referrals, self-referrals, or through Departmental casefinding and outreach efforts, and they may be delivered on a non-voluntary basis to child's family.

Philosophy

Child Protection is a community responsibility, delegated to the Department of Human Services, for certain activities aimed at resolving immediate jeopardy situations seeing to the care of children who cannot remain in their own homes and making provision for services whose aim is to allow children to remain in their own home or return to it.

The Department of Human Services supports and endorses the "rights of children" as spelled out in the Child Welfare League of America Standards, adopted from the UN "Declaration of the Rights of Children".

"These rights include the right to:

- Have a name and nationality
- Enjoy the benefits of security, including adequate nutrition, housing, recreation and medical care.
- Receive special treatment, education and care of handicapped
- Grow up in an atmosphere of affection and security and wherever possible, in the care and under the responsibility of affection and moral and material security
- Receive free education and opportunity for play and recreation
- Be among the first to receive care and protection in times of disaster
- Be protected from all forms of neglect, cruelty, and exploitation
- Be protected from practices that may foster racial, religious or any form of discrimination"

The Department of Human Services also, supports and endorses the CWLA statements on the rights and responsibilities of parents.

"Parents are responsible for:

- adequate food, shelter and clothing
- adequate health supervision and medical care
- educational and vocational opportunities
- protection and supervision of the child's well being
- moral and social guidance"

"Parents have the right to determine what happens to their children as long as they discharge their obligations as parents. In making most decisions, parents are free to follow their own judgement. However, when a conflict between the rights of the parents and those of the child affects the welfare of the child, the rights of the child have precedence. When the child's welfare requires it, the state, as the ultimate authority responsible for children, assumes the right to intervene in regard to parental rights."

The primary goal of the Department in the area of child protection is to help families remain together through offering services aimed at removing factors that represent jeopardy to the child(ren). Court action is an absolute last resort, and is taken only when all other alternatives have been exhausted, and in situations of immediate jeopardy where in, delay would result in observable damage to the child. The role of the protective worker in relation to the above goal is always that of a professional social worker whose aim is assuring reasonable care for children, through direct work with parents or caretakers and through provision of other support services. Though the protective worker may at times function as an arm of the court through bringing a petition for protection custody, his primary aim remains to help the parent or caretaker(s) provide reasonable care for their children, and uses court intervention positively to protect children and not to punish parents, which he actively communicated to parent(s) or caretaker(s).

The Department of Human Services views protective services as a significant and integral part of an over-all statewide effort to assure each child a reasonable environment within which to grow and develop to his potential. As such, the Department's protective services are oriented to specific developmental blocks in the child's environment; i.e., abuse, neglect, exploitation or delinquency. The Department feels that a coordinated effort, including its protective service workers, services purchased from community agencies and other state agencies, and other community services, is necessary to meet its mandate for protecting children. In short, child pro-

tection is a responsibility of all agencies serving children, and does not limit itself to situations of immediate jeopardy, but also includes preventive services, as well.

The Department of Human Services, Central Office staff acting with the delegated authority of the Commissioner have the primary responsibility for assessing the needs of neglected, abused, exploited or delinquent children as a group and for advocating for their right to normal and reasonable developmental opportunities. This includes advocacy within the legislature and the community along with public information and education to alert the public at large to the problems of abuse and neglect.

It is also the responsibility of the Department of Human Services central office to provide, in conjunction with regional management staff, the policy and procedural guidelines, staff training and numbers of staff as well as support services necessary, to assist the protective services worker in carrying out his responsibilities. It is the responsibility of the regional office to advocate for children on a case by case basis, to educate and inform other community agencies of the problems of child abuse and neglect and to involve them in planning and services delivery; the latter to be accomplished through regional boards made up of providers of service and interested citizens and through multi-disciplinary teams coordinated by the protective services worker.

LEGAL BASE

MRS Title - section which requires certain groups of individuals to report known or suspected cases of abuse and/or neglect to the Department of Human Services and requires the court to appoint a guardian ad litem for each child for whom a petition has been filed. Plus all the other appropriate statutes.

PEOPLE ELIGIBLE FOR SERVICE

The Department of Human Services is responsible for identifying, through community referrals, self referrals and outreach; including public information and education, all children who are abused and/or neglected; exploited or delinquent, and for providing service aimed at eliminating jeopardy to the same.

The regional offices through their protective service workers are responsible for serving all children for whom there is a valid referral of abuse and/or neglect, exploitation or delinquency.

GOALS AND OBJECTIVES

The Department's goal is to eliminate jeopardy for all children, by protecting and promoting their health, well being and safety; by strengthening and maintaining the integrity of the family unit; and enhancing children's opportunities for normal growth and development and their parent's ability to provide such.

The Department's objectives which it will operationalize to reach its goal are:

1. To protect all children who are neglected, abused and exploited or delinquent.
2. To plan for and provide appropriate alternative care arrangements for the children who cannot remain in his own home.
3. To identify and alleviate community conditions which contribute to the neglect, abuse, exploitation or delinquency of children.
4. To act as an advocate for children to assure that their legal rights and their human rights are safeguarded.
5. To meet the requirements of the judicial system for safeguarding the rights and welfare of children when their parents are unable to do so.

KEY TERMS AND CONCEPTS

A. PROTECTION is an action that guards or shields another from loss, injury or danger. As a function it connotes intervention in those life situations in which children are exposed to conditions jeopardizing their health, welfare, or morals. It carries with it responsibility for implementing those activities which parents or other caretakers which will lessen or remove jeopardy for the child in his own home, or, if necessary, for providing substitute parental care through use of the court process.

Intervention should be based on conviction that change is essential to the child's safety and well-being. Staff must be discriminate in recognizing family conditions which require intervention as distinct from those where child/family is not in crisis or jeopardy, parents recognize problems, have the potential for solution and are seeking services of a preventive nature.

While the protective component recognized the authority to intercede in behalf of children it must also observe the rights of parents consequently engaged, frequently against their wishes, in planning for children's welfare. Included are the parental rights to the following in addition to those listed previously.

- (1) To know what community concerns have been expressed and to be advised of the Bureau's responsibility intervene and to provide protection for children;
- (2) To be given an opportunity to change and make significant improvements in the family situation, including the making of suitable alternative child care plan when they cannot be provided in their own home;
- (3) To obtain legal counsel and to retain legal rights and custody to children unless and until they are removed by court order.
- (4) To have court appointed legal counsel if found by the court to be indigent.

B. JEOPARDY to children is defined as the exposure of children to those situations which may result in bodily harm or injury, physical or emotional deprivation or serious impairment of their capacity for healthy adjustment and normal development. The term "exposure" does not necessarily mean intent to do so on the part of parents or caretaker but rather that children are not protected from situations that jeopardize their "health, welfare, or morals".

The following list of criteria for judging the exist of jeopardy are to be used as a guide and are not definitive by themselves. The criteria listed are observable phenomenon or phenomenon that can be reported on by the child; that are used in conjunction with a diagnostic tool like the Polansky "Childhood Level of Living Scale, to measure the impact of the situation on the child. Lack of regular meals, good, clean clothing, regular medical care are not, by themselves, sufficient to define jeopardy. The worker must use judgement to determine whether a situation can be dealt with through social intervention (services like counseling, homemaker service, day care, transportation or housing) or whether legal intervention is necessary.

The existence of these criteria along with the diagnostic assessment of the impact on the child, from the basis for treatment planning with the parents or caretaker. They are also the necessary basis for any petition for protective custody, and as such need to be thoroughly documented and recorded, except where to do so would be harmful to the client; and they are not based on solidly observable fact.

1. Abuse or physical cruelty - this may be easily identifyable in children whose parents or caretakers repeatedly and violently beat or otherwise mistreat them so that results are visible and can be medically documented. These situations, by statute, must be referred by physicians or medical facilities as they encounter them and call for immediate intervention. When such reports are submitted in writing to the County Attorney, he has the authority to press for immediate court action if he deems this as necessary.

2. Sexual exploitation - is that situation in which parents or caretakers themselves commit, or knowingly permit others to commit, sexual acts with children. It is a situation which demands immediate exploration, and notification to the County Attorney who has responsibility for prosecution of offenders.

3. Malnourishment - in this category are children whose nutritional needs are inadequately met because of parental failure to provide/prepare food. Nourishment is a basic human need and failure to feed children is a degree of neglect properly labeled as severe.

4. Ill and lacking medical care - this applies to those parents who fail to get needed medical care for their children. Physical ailments, minor or serious, may be left to the initiative of others, attended to only when pressure is exerted by a community agent, or totally ignored.

5. Emotionally disturbed due to continued friction in the home, marital discord, mentally ill parents - the emotionally disturbed child is a product of family relationships and conditions which nurture insecurity, confusion, and the destruction of spirit that call for special adaptation. If it takes the form of emotional disturbance the observable symptoms may be anathy and depression; withdrawal; aggression or belligerency; lack of control and destructiveness.

6. Lack of supervision - unattended - children in this neglectful situation are those whose parents frequently or habitually fail to provide adequate substitute care during periods they are absent from the home. Through parental indifference to their needs and safety children may be left to the care of incompetent or unreliable adults, other young children, or even left to care for themselves.

7. Delinquency - delinquent acts are symptomatic of children in trouble and include such behavior as truancy, stealing, sexual misbehavior, vandalism, association with questionable persons, running away from home.

8. Emotional neglect - more expansively defined as being denied normal experiences that produce feelings of being loved, wanted, secure, and worthy of acceptance. In some families erratic discipline, lack of training frequently occur; parents may be permissive, fail to discipline impulsive behavior, give little stimulation for children to learn responsibility, sharing, "getting along" with others; subtly or overtly they may belittle a child's potential or his limitations. Children often interpret such parental indifferences as lack of affection, proof of rejection and develop adjustment problems.

9. Exploited, overworked - the victim of this kind of exploitation is the child whose parent demands services more appropriately expected from the parent or another adult. A case in point is the child who is given, or permitted to take, the burdensome and wearing responsibility for the care of household and siblings and whose own interests and needs are ever in conflict with endless demands of the family; the child who is permitted, expected, or encouraged to accept gainful employment and help supply the funds needed but dissipated by neglecting parents. In the extreme, children may be furtively or openly encouraged to steal or engage in other antisocial behavior.

10. Gross truancy - the neglected or abused child may well begin to show symptoms of internal confusion. One of these is absence from school (without appropriate reason or excuse) serious enough to elicit concern from school/community. The neglecting parent may defend, excuse, or even fail to recognize the problem. Maine statutes define truancy as 5 whole days or 10 half days of unexplained absence during a six month period.

There is a dual responsibility between the schools and the Department in which the school is expected to take the primary responsibility for taking corrective measures when the course of truancy seems to be mostly a result of the child's relationship to the school. When truancy is a result of the effect of the home environment on the child the Department should take the primary responsibility for intervention.

11. Ill clad, dirty, without proper shelter or sleeping arrangements - these indicators are self-explanatory but to the extent and consistency with which they obtain are symbols of the extent parental neglect has reached. They underscore a quality of care reflecting the confused, disorganized and undirected life experiences influencing the child.

12. Exposure to unwholesome or demoralizing circumstances - exemplary of this is the family in which children live with the alcoholic parent widely known and condemned by the community; with the promiscuous or drinking mother who brings home her casual partners and may provide the children with a crowded home the opportunity to witness sexual activities. In brief, the category can be said to cover situations which operate to give children a perverted sense of values and standard of behavior, which may corrupt or undermine their morals.

STANDARDS OF PRACTICE

A. Central Office responsibility

1. The Department must provide clear and consistent policy and procedural guidelines to enable line staff to carry out the Department's statutory obligations.

2. The Department should have in place a policy management system that facilitates the development of policy consistent with Department wide planning and that allows for effective input from those who must carry out policy.

3. The Department must provide training prior to a worker's first client contact that meets the minimum standards laid out in the training plan recommendations.

4. The Department should set up a mechanism in central office for the on-going assessment of training needs and for the provision of such training.

5. The Department must provide for the routine reimbursement of protective staff for emergency service after hours, through a mechanism that is clear and consistent for every region.

6. The Department should maintain a Research, Evaluation and Planning Unit that provides regular reports on program operations consistent with the needs of program people, and that provides a sound data base for program advocacy (Quantitative and qualitative evaluation).

7. Related to number 6, the Department through its central office staff needs to maintain an effective advocacy position with regard to necessary resources for protective services clients. A major role is the responsibility for identifying problem areas and gaps in services and actively seeking the necessary resources to resolve them.

8. The Central Office staff of the Department of Human Services are responsible for statewide public awareness programs. The Department will through the various media, and its speaker's bureau, increase public awareness and understanding of abuse and neglect as social problems.

9. The Department of Human Services Assistant Attorney General's office is responsible for maintaining a working relationship with the courts and where appropriate for seeing that standard procedures are adhered to by the court. For example, routine appointment of guardian ad litem should be assured by the Assistant Attorney General's office through whatever action is necessary to assure compliance with a child's legal right to such. Individual workers are not responsible for helping the court to observe routine and standard procedural requirements.

10. The Department of Human Services, has the responsibility to provide 24 hour coverage statewide for emergency protective services occurring after normal working hours.

11. The Department must make available to the line worker responsible 24 hour coverage, a system of supports to enable the worker to fulfill the Department's responsibility for emergency service.

12. The Department of Human Services must provide for maximum client/staff ratios based on 1973 CWLA standards.

B. Regional Responsibilities

1. In all instances, parents must be told that a referral has been made and that the Department must investigate all referrals that relate to the welfare of children, except when to do so would endanger the child(ren).

Except in emergency (danger to child) parents should be seen by appointment. Appointments should be offered in a way that indicates dependable planning, respect of the parents and the responsible nature of the agencies concerned.

2. Consistent with the objective of keeping children in their own home, parents must be given the opportunity to change and to improve the care and conditions affecting their children and if parents are unable to care adequately for their children in their own home they have the right to make a suitable alternative plan with the same above exception. Caseworker and other supportive services should not stop at the time of commitment. The agencies case record must document the on-going work to re-unite families or the reasons why such is not possible. (Page 24 SWLA standards copy 1960 revised 1973)

3. If the decision is to petition the court, this plan will be shared with the parents, the petition must be based on substantiated evidence which supports the agency action. All parents must be advised of their legal rights and encouraged to procure legal counsel.

4. Seeking temporary custody of a child pending a court hearing must be used as a last resort and only for a child in clear, serious and immediate danger.

In all other instances, when the Department needs to secure custody before a full hearing, the worker will use a three day notice CPH except when parents are not available or the child's life is in danger.

5. No petition for protective custody should be made at the discretion of one person alone. A decision to petition for custody should be made by the worker and his supervisor, jointly, and should be based on the fact that parents are unwilling, unable or unavailable to improve their child(ren)'s situation.

6. If court action results in a dismissal of the petition of custody, service by the agency is terminated and may be renewed by a new referral from the community, a self-referral by the family or when the court formally requests continued service.

7. On going education and training of mandated reporters and other community people is of joint responsibility of the region and central office. In conjunction with regional planning and advisory boards, training in recognizing abuse and neglect must be made available. Information and Education efforts should be aimed at the general public to make them more aware of the problems of abuse and neglect and the services available for dealing with them.

Appropriate staff from other agencies and disciplines should be involved on multidisciplinary team. The over-all aim of these teams is to improve services to protective families, while enhancing the working relationship of Department protective staff to other related professionals in their communities.

Besides the development of sound working relationships to related providers of service, the regions will respond consistently to referrals within a specified time period, telling the referral source of the decision around whether to provide service or not.

8. Abuse referrals must be responded to in 24 hours or less depending on the severity, and immediate danger to the child. Neglect referrals must be responded to in 3 days or less, depending on the seriousness of the situation. Neglect situations that present immediate danger, like no heat, or medical treatment for a serious trauma, should be treated with the same speed as an abuse referral.

9. The referral source should be informed of the results of the Department's investigation. The right of the family to confidential treatment of information pertaining to them, should be protected, by telling the referral source only whether or not the Department will be giving service to the family. Exceptions would be when the referral source is involved in treating the client, and when the agency has the client's permission to divulge information.

10. Staff should seek parental permission and support for involvement of older children in the planning being done prior to petitioning the court. Wherever possible, staff should attempt to help children with their feelings and reactions to the plan for placement. Staff may not involve children directly without parental consent, prior to custody being granted to the Department.

11. The Department should be represented by legal counsel in protective court hearings and it is regional staff's responsibility to arrange and prepare for counsel. (See Central Office responsibility in regard to courts)



Department Of Health And Welfare
Approved Policy Statement Number 52
APPENDIX B



STATE OF MAINE
DEPARTMENT OF HEALTH AND WELFARE
AUGUSTA, MAINE 04330

51

DEAN FISHER, M. D.
COMMISSIONER

December 19, 1973

TO: ALL PLANNING AND COORDINATING COMMITTEE MEMBERS
FROM: ROBERT O. WYLLIE, DIRECTOR, BUREAU OF SOCIAL WELFARE *Row*
SUBJECT: Approved Policy Statement No(s) 52

Attached to this memorandum please find final approved policy statement release(s) as described below:

SUBJECT: Policy Statement on Child Protection

CONTENT: Definition of, philosophy of, legal base for, et

EFFECTIVE DATE(S): November 1, 1973

OBSOLETE MATERIAL(S): "Old" CW Manual, Chapter IV, pages 5-9, 9a, 10-12

COMMENTS: This policy is being distributed after comments regarding same were received by September 3, 1973. The original suggestions were evaluated, put in new form and were shared with Protective Service Managers on November 2, 1973 with no further comments. Thus policy issuance is same.

Social Services

Bureau of Social Welfare

CHILD PROTECTION

Effective Date: 52
November 1, 1973DEFINITION

Child protective services are a set of specialized social services, based on law and supported by community standards which carry a delegated responsibility to intervene in behalf of any child considered, or found to be, neglected, abused, exploited, or delinquent. It is a service to children directed mainly to parents for the benefit of children. It is a service available to any child in the State of Maine, dependent on community referrals, including self-referrals and may necessarily be offered on a non-voluntary basis to a child's family.

PHILOSOPHY

Child protection is a total Bureau of Social Welfare responsibility sanctioned by law. In the Bureau's intervention on behalf of children, its primary objective is to eliminate jeopardy while maintaining children in their own homes. It is only when adequate protection of a child in the own home cannot be assured that legal action is taken to protect children. Court action resulting in removal of children from parental custody does not necessarily change the Bureau's objective of maintaining children in their own homes, but merely serves to protect children until such time as the parents have rehabilitated themselves or until the objective is considered unattainable.

LEGAL BASE

The State of Maine has the following legal statutes relating to protective services:

- M.R.S. Title 22, Sections 3, 7, and 42, which describe general responsibilities of the Department of Health and Welfare.
- M.R.S. Title 22, Sections 3701, 3703, which authorize the Department of Health and Welfare to cooperate with the Federal Government in providing child welfare services and specifies the services to children in need of protective services.
- M.R.S. Title 22, Sections 3791, 3800, which provide for the Department of Health and Welfare's investigatory duties; the vehicle for petitioning for protective custody, including emergency protective custody; and describes the adjudication process and the rights of custody.
- M.R.S. Title 22, Sections 3851-3855, which provide for the protection of abused children and the mandatory reporting of such situations by physicians and institutions.
- M.R.S. Title 15, Sections 2501-2718 provides for the adjudication of juvenile offenders including who may file a petition, powers of the court to order an investigation, and makes possible commitment to the Department of Health and Welfare of an adjudicated juvenile offender.
- M.R.S. Title 19, Sections 533 allows a court to request independent adoption investigations.
- M.R.S. Title 19, Section 751 allows a court to request investigations and reports

from the Department of Health and Welfare in regard to custody of children.

TARGET POPULATIONS

- PC- All children whose parents are unable or unwilling to provide adequate care and where there is a validated referral regarding their abuse, neglect, abandonment or exploitation.
- PS- All children who are subjects of court requests for social studies and/or supervision of custody by the Department pertaining to custody and/or delinquency.

OBJECTIVES

To eliminate jeopardy by protecting and promoting the health, well-being and safety of children; strengthening and maintaining the integrity of the family unit; and enhancing children's opportunities for normal growth and development and their parents' abilities to provide such.

To protect children who are or are likely to become neglected, abused or exploited.

When necessary, to make plans for the care and custody of children utilizing the court process.

To identify and alleviate community conditions which contribute to the neglect of children and act as an advocate for the rights of children.

To meet the requirements of the judicial system for the administration of justice with respect to the rights and welfare of children.

KEY TERMS AND CONCEPTS

- A. PROTECTION is an action that guards or shields another from loss, injury or danger. As a function it connotes intervention in those life situations in which children are exposed to conditions jeopardizing their health, welfare, or morals. It carries with it responsibility for implementing those activities which parents or other caretakers which will lessen or remove jeopardy for the child in his own home or, if necessary, for providing substitute parental care through use of the court process.

Intervention should be based on conviction that change is essential to the child's safety and well-being. Staff must be discriminate in recognizing family conditions which require intervention as distinct from those where child/family is not in crisis or jeopardy, parents recognize problems, have the potential for solution and are seeking services of a preventive nature.

While the protective component recognizes the authority to intercede in behalf of children it must also observe the rights of parents consequently engaged, frequently against their wishes, in planning for children's welfare. Included are the parental rights:

- (1) To know what community concerns have been expressed and to be advised of the Bureau's responsibility intervene and to provide protection for children;

- (2) To be given an opportunity to change and make significant improvements in the family situation, including the making of suitable alternative child care plans when they cannot be provided in their own home;
- (3) To obtain legal counsel and to retain legal rights and custody to children unless and until they are removed by court order.
- (4) To have court appointed legal counsel if found by the court to be indigent.

B. JEOPARDY to children is defined as the exposure of children to those situations which may result in bodily harm or injury, physical or emotional deprivation, or serious impairment of their capacity for healthy adjustment and normal development. Because there are degrees of jeopardy, the usual occurrence is that more than one of the following exist to collectively indicate that a child is in jeopardy. A judgment as to the degree of jeopardy must be made to determine the Bureau's extent of intervention, e.g., social intervention, legal intervention.

1. Abuse or physical cruelty--this may be easily identifiable in children whose parents or caretakers repeatedly and violently beat or otherwise mistreat them so that results are visible and can be medically documented. These situations, by statute, must be referred by physicians or medical facilities as they encounter them and call for immediate intervention. When such reports are submitted in writing to the County Attorney, he has the authority to press for immediate court action if he deems this as necessary.
2. Sexual exploitation--is that situation in which parents or caretakers themselves commit, or knowingly permit others to commit, sexual acts with children. It is a situation which demands immediate exploration, and notification to the County Attorney who has responsibility for prosecution of offenders.
3. Malnourishment--in this category are children whose nutritional needs are inadequately met because of parental failure to provide/prepare food. Nourishment is a basic human need and failure to feed children is a degree of neglect properly labeled as severe.
4. Ill and lacking medical care--this applies to those parents who fail to get needed medical care for their children. Physical ailments, minor or serious, may be left to the initiative of others, attended to only when pressure is exerted by a community agent, or totally ignored.
5. Emotionally disturbed due to continued friction in the home, marital discord, mentally ill parents--the emotionally disturbed child is a product of family relationships and conditions which nurture insecurity, confusion, and the destruction of spirit that call for special adaptation. If it takes the form of emotional disturbance the observable symptoms may be apathy and depression; withdrawal; aggression or belligerency; lack of control and destructiveness.
6. Lack of supervision-unattended-children in this neglectful situation are those whose parents frequently or habitually fail to provide

4.

adequate substitute care during periods they are absent from the home. Through parental indifference to their needs and safety children may be left to the care of incompetent or unreliable adults, other young children, or even left to care for themselves.

7. Delinquency--delinquent acts are symptomatic of children in trouble and include such behavior as truancy, stealing, sexual misbehavior, vandalism, association with questionable persons, running away from home.
8. Emotional neglect--more expansively defined as being denied normal experiences that produce feelings of being loved, wanted, secure, and worthy of acceptance. In some families erratic discipline, lack of training frequently occur: parents may be permissive, fail to discipline impulsive behavior, give little stimulation for children to learn responsibility, sharing, "getting along" with others; subtly or overtly they may belittle a child's potential or his limitations. Children often interpret such parental indifferences as lack of affection, proof of rejection and develop adjustment problems.
9. Exploited, overworked--the victim of this kind of exploitation is the child whose parent demands services more appropriately expected from the parent or another adult. A case in point is the child who is given, or permitted to take, the burdensome and wearing responsibility for the care of household and siblings and whose own interests and needs are ever in conflict with endless demands of the family; the child who is permitted, expected, or encouraged to accept gainful employment and help supply the funds needed but dissipated by neglecting parents. In the extreme, children may be furtively or openly encouraged to steal or engage in other antisocial behavior.
10. Gross truancy--the neglected or abused child may well begin to show symptoms of internal confusion. One of these is absence from school (without appropriate reason or excuse) serious enough to elicit concern from school/ community. The neglecting parent may defend, excuse, or even fail to recognize the problem. Maine statutes define truance as 5 whole days or 10 half days of unexplained absence during a six-month period.

There is a dual responsibility between the schools and the Department in which the school is expected to take the primary responsibility for taking corrective measures when the course of truancy seems to be mostly a result of the child's relationship to the school. When truancy is a result of the effect of the home environment on the child, the Department should take the primary responsibility for intervention.

11. Ill clad, dirty, without proper shelter or sleeping arrangements--these indicators are self-explanatory but to the extent and consistency with which they obtain are symbols of the extent parental neglect has reached. They underscore a quality of care reflecting the confused, disorganized and undirected life experiences influencing the child.
12. Exposure to unwholesome or demoralizing circumstances-exemplary

5.

of this is the family in which children live with the alcoholic parent widely known and condemned by the community; with the promiscuous or drinking mother who brings home her casual partner and may provide the children with a crowded home the opportunity to witness sexual activities. In brief, the category can be said to cover situations which operate to give children a perverted sense of values and standard of behavior, which may corrupt or undermine their morals.

STANDARDS OF PRACTICE

A. Regions must have the following standards:

1. Parents must be told that a referral has been made; and to understand that the agency has responsibility to investigate all cases involving the welfare of children and provide such protection as children may need. The exception being when the child's life or safety would be jeopardized by this.
2. Parents must be given the opportunity to change and to improve the care and conditions affecting their children and if parents are unable to care adequately for their children in their own home they have the right to make a suitable alternative plan with the same above exception.
3. If the decision is to petition the court, this plan will be shared with the parents, if possible. The petition must be based on substantiated evidence which supports the agency's action. All parents must be advised of their legal rights if they can be located and encouraged to procure legal counsel.
4. Seeking temporary custody of a child pending a court hearing must be used as a last resort and only for a child in clear, serious and immediate danger.
5. The Department, through its agents, presents its petition for protective custody to the courts of competent jurisdiction within the State of Maine. No parent will be deprived of his child without due process of law. The law specifies others (law enforcement, thru citizens) who may present a petition.
 - a. Only the court can determine or limit parental rights and only the court can restore those rights.
 - b. The role of the Department or its agent is prescribed by statute and court order.
6. Before court action is initiated, it must be established that parents are unwilling, unable or unavailable to improve children's situations.
7. If court results in a dismissal of the petition for custody, service by the agency is terminated and may be renewed only by a new referral unless the court formally requests continued service.
8. Regions need to educate the community as to how to appropriately refer protective services referrals. Staff involved in other client

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groups must be able to identify children in need of protective services. Efforts must be made to gain the confidence of the community by responding appropriately to protective service referrals.

9. Referrals on abuse and severe neglect must be acted upon immediately and referrals on other cases must be acted upon as rapidly as possible.
10. Referral sources are informed of the results of the Bureau's investigation.
11. Regional consumer boards should participate in the planning for the delivery of protective services and parents and children are given consideration as members of such boards.
12. Court requested studies should provide the court with effective alternatives that best meet the needs of children in the disposition of custody, delinquency, minor marriage, adoption and other matters.
13. At the time of initiation of court action, staff should discuss with a child who is old enough to understand what is being planned and help him with reactions and feelings he may have. Parents should also be encouraged to participate in preparing a child and be involved in placement of a child where possible.
14. Child Welfare League of America Standards for Child Protective Service should be used as guidelines wherever appropriate.
15. The Department should be represented by legal counsel in protective court hearings and it is regional staff's responsibility to arrange and prepare for counsel.
16. Agency service to parents should not end with separation of children from parents, but continue with the goal of reuniting the family where possible in keeping with the prioritized goals of the Bureau's substitute care policy.

CROSS REFERENCES

Programmer Training Manual
Substitute Care Policy
Protective Procedural Manual

MAINE HUMAN SERVICES COUNCIL
TASK FORCE ON CHILD ABUSE AND NEGLECT

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